



**“Promoting Friendship and Fellowship through Senior Softball”**

**SPONSOR INFORMATION**

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail \_\_\_\_\_

**PLEDGE INFORMATION**

Capital District Senior Softball League is a 501(c)(3) charity. Team Sponsorship costs \$350 for the 2026 season.

I (we) pledge a total of \_\_\_\_\_ to Sponsor the team named:  
\_\_\_\_\_.

I (we) plan to make this contribution in the form of: cash check.

Please use the following name in all acknowledgments:

Name of Donor \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please make check or other gifts payable to:

Capital District Senior Softball League Inc,  
P.O Box 231  
Clifton Park, New York 12065

**THANK YOU FOR YOUR GENEROUS SUPPORT!**