



"Promoting Friendship and Fellowship through Senior Softball"

Sponsor Information (please print or type)

Name	_____		
Billing address	_____		
City	State	ZIP Code	
Telephone (business)	_____		
E-Mail	_____		

Pledge Information

I (we) pledge a total of \$_____ to sponsor the team named_____. Capital District Senior Softball Inc. respectfully requests team sponsorship fees to be paid by March 1st of the new 2020 league season due to vendor screen printing lead times for team hats and shirts.

Team Sponsorship costs \$350 per season.

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

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

Print Name of Donor	_____
Signature(s)	_____
Date	_____

Please make tax deductible checks, corporate matches, 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!

Sincerely, CDSSL, Inc.