



"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 2022 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.
