

Player Sponsorship Form



Sponsor Information

Company Name :

Address :

City : State :

Phone Number :

Email Address :

Primary Contact Information

Contact Name : :

PhoneNumber :

Email Address :

Donation

• Choose Your donation level

\$100 \$300

\$500 \$1000

OTHER \$

Player

Contact Name : :

Team Name :

THANK YOU FOR YOUR GENEROUS DONATION

Please Make all checks payable to : Beaufort Elite Volleyball Club
 Mail to: PO Box 4836 Beaufort SC 29903

*No goods or services will be provided in exchange for this contribution.
 Beaufort Elite Volleyball Club is an exempt organization as described in
 Section 501(c)(3) of the Internal Revenue Code.

Date :

Signature