



Team Financial Donation Form

Chargers Soccer Club

Your Information	<i>Please fill out information OR attach business card.</i>	DONATION AMOUNT \$ _____
Personal and/or Business Name		
Address		
City State Zip		
Telephone		
E-Mail		
Association	<i>Association with the following club team(s)</i>	
Location	<input type="checkbox"/> Clearwater <input type="checkbox"/> Tampa <input type="checkbox"/> Lakewood Ranch <input type="checkbox"/> Florida Hawks Chargers	
Age Group	<input type="checkbox"/> U8/9 <input type="checkbox"/> U10 <input type="checkbox"/> U11 <input type="checkbox"/> U12 <input type="checkbox"/> U13 <input type="checkbox"/> U14 <input type="checkbox"/> U15 <input type="checkbox"/> U16 <input type="checkbox"/> U17 <input type="checkbox"/> U18 <input type="checkbox"/> U19	
Group	<input type="checkbox"/> Girls <input type="checkbox"/> Boys	
Individual Player	If for use for an individual, that player's name is: _____	

Donation Acknowledgement Information

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

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks payable to **Chargers Soccer Club**. Attach your check, this form (and business card if applicable) and give to the Charger representative you are working with or mail it to:

Chargers Soccer Club, P.O. Box 47026, Tampa, FL 33646.

Chargers Soccer Club, Inc. (Federal Tax ID # 59-2210194) is a 501(c)3 non-profit organization registered under Florida Statute § 496.405 - #CH35763.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

www.ChargersSoccer.com