



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	___ Clearwater ___ Tampa ___ Lakewood Ranch	
Age Group	___ U8/9 ___ U10 ___ U11 ___ U12 ___ U13 ___ U14 ___ U15 ___ U16 ___ U17 ___ U18/19	
Group	___ Girls ___ 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 OR WWW.FLORIDAConsumerHELP.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.