



501(c)(3) Non-Profit Corporation  
**Tax ID # 74-3081162**  
1482 La Mirada Dr. San Marcos, Ca. 92078

COMPANY / DONOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

### **DONATION/SPONSORSHIP**

We wish to sponsor a player in the amount of \$\_\_\_\_\_.

While any amount is appreciated, full costs are \$3,715 for National Players (14 and under), \$3,380 for National Players (15 and up), \$2,835 for Regional players (14 and under), \$2,565 for Regional players (15 and up) and \$1,860 for Local Players.

(Please Make checks payable to SoCal Volleyball Club).

**APPLY FUNDS TO (PLAYER NAME):** \_\_\_\_\_

**OR**

We wish to make a donation to SoCal Volleyball Club in the amount of \$\_\_\_\_\_.

All donations and sponsorships are tax deductible to the fullest extent of the law. We appreciate your donation!

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FOR SoCal OFFICE USE ONLY

Date Received \_\_\_\_\_ Tax ID letter sent: \_\_\_\_\_

Amount \_\_\_\_\_ # \_\_\_\_\_ notified \_\_\_\_\_ Team \_\_\_\_\_

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