



# ESCONDIDO GIRLS SOFTBALL LEAGUE

P.O. BOX 1208 @ ESCONDIDO, CALIFORNIA 92033

## DEPOSIT/DONATION FORM

TYPE OF DONATION: \_\_\_\_\_ TEAM \_\_\_\_\_ LEAGUE

AMOUNT OF DEPOSIT/DONATION \$ \_\_\_\_\_

DONATION FROM \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

### COMPLETE FOR TEAM DONATIONS:

TEAM NAME \_\_\_\_\_

DIVISION \_\_\_\_\_

COACH NAME \_\_\_\_\_

(check one)

\_\_\_\_ YES, I APPROVE ADVERTISING IN EGSL PROGRAMS FOR MY BUSINESS OR PERSON IN REGARDS TO MY DONATION

\_\_\_\_ NO, DO NOT INCLUDE LEAGUE ADVERTISING

\_\_\_\_ N/A

DEPOSITER/DONATOR SIGNATURE \_\_\_\_\_

COACH SIGNATURE FOR TEAM \_\_\_\_\_

DATE \_\_\_\_\_

### IF PAYING BY CREDIT CARD PLEASE ATTACH THE CHARGE AUTHORIZATION FORM

leauge use only

RECEIVED BY: \_\_\_\_\_

PAYMENT: CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

CARD \_\_\_\_\_

OTHER \_\_\_\_\_