



Sponsor Form 2019

Name of Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Donation Amount \$ \_\_\_\_\_

Specify player name, team name or equipment type (if applicable):

\_\_\_\_\_

Receipt needed            YES            NO

Mail receipt to: \_\_\_\_\_

\_\_\_\_\_

Thank you for your generous donation!

**Please make checks payable to: Indiana Southwest Futbol Club (ISFC)**

Please mail to:

ISFC

P.O. Box 264

Jasper, IN 47547