



Dear Sponsor:

This letter is being written to you on behalf of the Nor Cal Legends Fastpitch Softball Organization (NCL). As a non-profit Junior Olympic softball club for young women throughout Northern California – NCL’s mission includes mentorship, guidance and help, to aid young women in furthering their athletic pursuits.

One of our main goals is to provide an opportunity for young women to participate in a competitive travel softball forum, as a means to obtain an athletic scholarship at either a two or four-year college/university, while keeping their annual costs at a reasonable level.

Our staff consists of coaches who are committed to nurturing the development of female athletes and challenging them to perfect their softball skills through hard work and dedication. We strive to provide an environment where players will be able to improve their athletic skills and increase their knowledge of the game, while learning sportsmanship, leadership, and respect through responsibility, as they prepare for future college play. Your sponsorship will greatly support these efforts.

Please know that acknowledging the generosity of our benefactors is very important to us. Recognition of your support will include an acknowledgement tax receipt and exposure of your business or service to our players’ families in the San Jose and Greater Bay Area, via our website. Just fill out the attached form and return to either the address below or to the sponsored individual.

We sincerely appreciate your consideration of our request, as your tax-deductible donation will provide necessary funds that allow our organization the opportunity to support these promising young athletes.

Gratefully Yours,

~ Nor Cal Legends Fastpitch Softball

Nor Cal Legends
5588 Southcrest Way ♦ San Jose, CA 95123
408.726.7552 ♦ www.NorCallLegends.org



SPONSOR FORM

Sponsorship Category (check one): **Company** **Individual**

Sponsor Name: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Contact e-mail: _____

Website Address: _____

Sponsorship Type (check one):

Team: 18- 16U- 14U- 12U

Individual Player

Name: _____

In-Kind Donation

In-Kind Description: _____

Sponsored Amount/Value: \$ _____

Please make your check payable to **Nor Cal Legends**. For your records – we suggest that you make a copy of this form, attach the original to your payment then mail to the address below or return to your sponsored individual.

Thank you for your generous support!

Nor Cal Legends Tax ID Number: **46-2191401**

Office Use Only:

Check Number: _____

Amount: _____

Date Rcv'd: _____

Ack Sent: _____

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