Cartersville Gymnastics Booster Club

P.O. Box 200625

Cartersville, GA 30120

[ctgboosterclub@gmail.com](mailto:ctgboosterclub@gmail.com)

Dear 2017-2018 Sponsor:

Thank you for you sponsorship. The donation you have made will be put to good use for offsetting our gymnasts’ cost and to further our competitive program. Please make a copy of this form and keep your cancelled check for tax purposes. Our State of Georgia control number for incorporpration is K304289. Our Federal tax ID is 58-1693126. If you have any questions regarding your donation, please contact the booster club at [ctgboosterclub@gmail.com](mailto:ctgboosterclub@gmail.com).

Date of Donation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor name to appear on sponsorship board: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mailing Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sponsorship Level:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Amount of Sponsorship: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Paid By: Check # \_\_\_\_\_\_\_\_\_\_\_\_ Cash: \_\_\_\_\_\_\_\_\_\_\_\_\_

For Athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you again for your kind donation and support. We look forward to seeing you at one of our meets.

Please mail to:

Cartersville Gymnastics Booster Club

P.O. Box 200625

Cartersville, GA 30120

Thank you,

Jennifer Murphy

Booster Club President