

## Futbol.Community.

## **Individual Player Sponsorship Form**

Your Name or Company's Name:
If you would like to sponsor anonymously, please check this box:
Address:
(City) (State) (Zip Code)
Phone: Email:
I would like to sponsor: Gender
Girl Boy Either
Age Range:
10-13 14-16 17-19 Any Age
Country:
Name of child if known:
Sponsorship Type:  Gold (\$490 season support):
Silver (amount of your choosing): \$
Bronze (equipment donation):



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<u>Contribution Method</u>	
DEBIT/ CREDIT CARD	
☐ Visa ☐ American Express ☐ Mast	erCard Discover
Card Number	Exp. Date (MM/YY) 3 digit CSC
Cardholder Name	Authorized Signature (required) Date
CHECK – Enclose a check payable to GLC	BAL FC for your donation towards a Player Sponsorship.
MAIL TO: or	FAX TO:
Global FC	816.318.9998
800 Quick Trip Way Belton, MO 64012	
,	
WEBSITE – https://www.globalfutbol.org	g/support-our-cause/
SUBJECT LINE: PLAYER SPONSO	RSHIP (Indicate sponsorship level)

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Global FC 800 Quick Trip Way, Belton MO 641012 816.456.1528 www.globalfutbol.org