

The Quad City Cannons Baseball Organization is a non-profit, 501(c)(3) group, dedicated to the advancement of youth baseball in the Quad Cities area. We are seeking donations for our upcoming season.

As a financial sponsor, your contribution will assist with our families’ player fees, which are used for items such as uniforms, equipment, tournament fees, league fees, field rentals, field upkeep, and team insurance.

The sponsorship season runs from October 1st to August 31st. In recognition of your donation, you will receive:

**$100-$199**

Advertising on our website (<http://www.qccannons.com/>) with a link to your website

**$200 & Above**

Advertising on our website with a link to your website

Your name/information shown proudly on the team banner used at all games

\* Please complete the attached form to start the process of sponsorship with the Quad City Cannons Baseball Organization.

**The Quad City Cannons players and families thank you for your generous support!**

**Donation Form**

**Quad City Cannons**

EIN 26-4186062

Please send your completed Donation form to:

Quad City Cannons

PO Box 186

Milan, IL 61264

Make checks payable to: Quad City Cannons

For questions, call: Jeremy LaCamera 309-429-5983

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Quad City Cannons Donation**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donation Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Business Web address / e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team (please circle): 8U 9U 10U 11U 12U 13U 14U

Player’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Coach’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_