

Date _____

Name _____

Address _____

City, State, Zip Code _____

Rider Town Sports
dba Colorado RoughRiders Baseball
1 Superior Drive
Superior, CO 80027

RE: Restricted Contribution –

Player Name _____

Team Name _____

Specific Initiative _____

Contributor Name _____ would like to make a \$ _____ restricted contribution to be applied towards Player Name _____
Team Name _____ / Specific Initiative _____.

Please contact me at your earliest convenience at (phone Number) _____ - _____ should you have any questions.

Sincerely,

Contributor Name _____

*if from a business, it is preferred to have on company letterhead.