

SAMPLE TEMPLATE

PLEASE FOLLOW THIS TEMPLATE ON THE BLANK DOCUMENT BELOW

Name of Company

Address of Company

City, State, Zip Code

To Whom It May Concern:

Hello, my name is _____, I am a young athlete seeking to excel in the sport of volleyball. I have a unique opportunity to participate in a volleyball club which will excel my level of play to its maximum potential. The organization's name is Greater Houston Volleyball Association dba Texas Tornados Volleyball. Texas Tornados Volleyball is a member of USA Volleyball and the Amateur Athletic Union. From these two national organizations, volleyball tournaments are held and approximately 90-95% of college and university recruiting takes place.

My hope is to receive enough sponsors so I may participate in club and excel to my full potential. In doing so, I may earn scholarship opportunities to advance my education. Through club volleyball we are taught to be leaders on and off the court.

Thank you in advance for your consideration to help me pursue and avenue to further my skills and education. It is because of businesses and individuals like you, we as leaders of tomorrow will be able to excel.

Thank you for your consideration,

First Name, Last Name



Texas Tornados Volleyball Club
8835 Wheat Cross Drive
Houston, TX 77095
(281) 578-6046
www.texastornados.org

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Thank you for your consideration,

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Texas Tornados Volleyball Club is a 501 (C)(3) non-profit organization and all donations are tax deductible.

I would like to help _____ participate in club volleyball. I am donating \$_____ to be applied to the athlete's account.

We have also included a credit card authorization form as well. A tax receipt will be mailed to the address provided:

Name: _____

Address:

PLEASE MAKE ALL CHECKS PAYABLE TO:

**Texas Tornados
8835 Wheat Cross Drive
Houston, TX 77095**

I authorize the Texas Tornados Volleyball Club to charge my credit card in the amount of \$_____ for _____

VISA MasterCard American Express Discover

Expiration date _____ / _____ CVV # _____ MM/ YYYY _____ / _____

Billing Address: _____

City, State, Zip: _____, _____, _____

Phone #: _____

Cardholder Signature