



Broward Elite All Stars
6800 SW 21 Court- Units 7-10
Davie, FL 33317
954-577-3332

Dear Sponsor:

You are receiving this request for the benefit of one of our customers who needs your support to offset the cost of competitive cheerleading training. The youth of today are our future leaders and competitive cheerleading is now a pathway for youth to pursue a cheer journey that will create opportunities for college and into the workforce. We're asking for your support by contributing. We are Broward Elite All Stars. Our mission is providing training and competitive teams in the All Star Cheer industry out of our facility here in Davie, Florida.

The cost of cheer training can be very burdensome to families in the community who recognize cheerleading as the best avenue for their child to develop sports and individual skills but have limited financial resources. Your Sponsorship will help offset their costs of training, competition fees, and other expenses in our sport.

Your donations is tax deductible. We are a 501 (c) (3) Corporation FEIN number 46-1175055. Our Booster Club for reference is a child corporation under Parent Boosters of America, Please make your donation check payable to Broward Elite All Stars, Inc.

As a sponsor, you will receive a thank you letter and will be listed (or anonymous at your request) on our website: www.BrowardEliteAllStars.com.

We very much appreciate your support. For further information, you are welcome to visit our website, send an e-mail, stop by our current location, or just give us a call at (954) 577-3332

Sincerely,

Broward Elite All Stars

SPONSORSHIP FORM

As a Broward Elite sponsor of \$50 or more you will receive recognition on our Website, and a signed thank you letter from your cheerleader recipient.

As a Premier Sponsor: *Donation of \$250+*

Receives: Recognition on our Website, a signed thank you letter from your cheerleader, and a Sponsor plaque from our organization.

Name of Sponsor (to be displayed on website): _____

Phone: (____) _____ Alt. Phone: (____) _____ Fax: (____) _____

Amount of Donation: _\$ _____

Payment: Cash _____, Check Number _____.

Credit Card: _____, Expiration Date _____ Security ID# _____

By signing below, I authorize Broward Elite to process my Credit Card donation in the amount of \$ _____. I agree that this amount is not refundable and I will not dispute this charge with my credit card issuer or merchant bank processor.

Card Holder Name: _____, Card Holder Signature _____

Billing address for Credit Card: _____, City, _____ State _____, Zip _____

Athlete's Name: _____ Comments: _____

Thank You for your support and kindness!

Broward Elite All Stars

954-577-3332

www.BrowardEliteAllStars.com