

**Shasta Magic Athletics**  
**P.O. Box 994123**  
**Redding, CA 96099-4123**  
**Tax ID#: 42-15564912**

**Donor Form**

**Please indicate the program you wish to sponsor:**

**Basketball \_\_\_\_\_ Volleyball \_\_\_\_\_ Softball \_\_\_\_\_**

**Please indicate general, team or individual being sponsored:**

**General Scholarship Fund \_\_\_\_\_**

**Sponsored Team \_\_\_\_\_**

**Name of Individual Sponsored \_\_\_\_\_**

**Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_**

**Business\*/Individual Name: \_\_\_\_\_**

**\*Please enclose a business card**

**Address: \_\_\_\_\_**

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_**

**Phone Number: \_\_\_\_\_**

**No goods or services were received in return for this contribution**