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Sponsorship Form

Financial Sponsors:

___ \$50 ___ \$75 ___ \$100 ___ \$250 ___ \$500
___ Other \$ _____

Non-Financial Sponsors:

<u>Quantity</u>	<u>Description</u>	<u>Dollar Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Our contribution in the amount of \$ _____ is enclosed. Please list us as follows:

Contact Person: _____

Company Name: _____

Type of Business: _____

Address: _____

Phone: _____

Thank you for your help in helping us help individuals with disabilities.