Community Uplift Program

Sponsorship Form

| Business/Organization Name: | |
|---------------------------------|--|
| Contact Name: | |
| Address: | |
| | |
| Phone Number: | |
| Email: | |
| | |
| | |
| Event: Fat Man Triathlon | |
| Event Date: May 4, 2024 | |
| | |
| Donation or Sponsorship Amount: | |

Make checks out to: Community Foundation of Monroe County. Please indicate C.U.P. in the memo.