

DINNER OF DREAMS SPONSORSHIP AGREEMENT

NAME to appear for recognition purposes:

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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SPONSORSHIP OPTION SELECTED: _____

AMOUNT: _____ DATE: _____

SIGNATURE: _____

CHECK MADE PAYABLE TO: A BED 4 ME

PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR CHECK PAYMENT VIA MAIL TO:

A Bed 4 Me Foundation

P.O. Box 626

Valparaiso, FL 32580

Website: abed4me.org

Any questions: 850.280.5519

Please also send a logo in jpg or png format for promotional purposes to diane@abed4me.org

DEADLINE FOR PRINTED RECOGNITION is Friday, September 8th.