

DINNER OF DREAMS SPONSORSHIP AGREEMENT

NAME to appear for recognition purposes:

\_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_

Twitter: \_\_\_\_\_

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](http://abed4me.org)

Any questions: 850.280.5519

Please also send a logo in jpg or png format for promotional purposes to [diane@abed4me.org](mailto:diane@abed4me.org)

DEADLINE FOR PRINTED RECOGNITION is Friday, September 13<sup>th</sup>.