

## SPONSORSHIP FORM

Please complete and return with payment by November 30, 2024 to receive full benefits. Questions? Call Adam at 727.423.5128.

Sponsor or Company Na	ame	Date		
Contact Person	Email		Phone	
Sponsor Address	City	State	Zip Code	
•	,			
Website	Social Media (	Social Media (facebook   instagram)		
Yes! I would like to	become a Sponso	or!		
[ ] Presenting Sponsor - \$1,750		[ ] Consession Booth - \$50		
[ ] Trophy Sponsor - \$1,250		[ ] Vendor Booth - \$30		
[ ] Activity Sponsor - \$750		[ ] In-Kind Donation		
[ ] Event Sponsor - \$25	50			
Payment Information	on .			
[] Invoice [] Ch	arge Credit Card	[ ] Check Enclosed		
Credit Card Number	CVV	Expiration Dat	re	
Billing Adress	City	State	Zip Code	
Name on Card (print)		Signature		

By signing this agreement you indicate you are authorized to make this commitment on behalf of your company, foundation, or organization. Sponsorship is not an endorsement of the sponsor. By signing this form, you agree to pay the total amount due.

Please make checks payable to St Michael the Archangel Catholic Church KofC Council #11295





