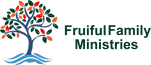
**2025 SPONSORSHIP FORM** 

|  |  |
| --- | --- |
| Sponsor Name: | Contact Person *(if different from sponsor name)*: |
| Address: *(including city, state, and zip code)* | Phone Number: |
| Website (if applicable): | Email Address: |
|  |  |
| **SPONSORSHIP TYPE** | |
| Option 1: Gold Package ($5,000)  Option 2: Silver Package ($1,000)  Option 3: Bronze Package ($500)  Option 4: Other: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Option 5: In-kind: Food  Option 6: In-kind: A/V  Option 7: In-kind: Promotional Items/Giveaways  Option 8: In-kind: Decorations  Option 9: In-kind: Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |
| **PAYMENT METHOD** | |
| **Total Sponsorship Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| CashApp:  Gift Card  Check: Check #: \_\_\_\_\_\_\_\_\_\_  Credit Card  Please invoice me  Billing information *(if different from the above contact information)*  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Credit Card Information  Mastercard Visa AMEX Discover  Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exp Date: \_\_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_\_\_  Zip Code: \_\_\_\_\_\_\_\_\_\_  Charge Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By signing this form, you permit us to debit your account for the amount indicated. This authorization is permission for a single transaction only and does not provide for any additional unrelated debits or credits to your account.  Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please make checks payable to “**Fruitful Family**”, and mail to **Fruitful Family Ministries, 10768 Pam Drive, Waldorf, MD 20603**