



SPONSORSHIP RESPONSE FORM

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ *ST:* _____ *ZIP:* _____

PHONE: _____

EMAIL: _____

☐ \$1,500 Sponsorship
☐ \$500 Sponsorship

☐ \$1,000 Sponsorship
☐ \$250 Sponsorship

I would like to fulfill my sponsorship by:

☐ *Check (enclosed) payable to Hope Pregnancy Care Center*

☐ *Please send me a Sponsorship Invoice*

HOPE PREGNANCY CARE CENTER 167 East Main St., Morehead, KY 40351

606.784.2488 1.888.824.4673

hopepcc167@gmail.com

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