

Sponsor Information

By completing this form, I agree to make payment prior to event date to receive the selected sponsorship benefit and participate accordingly.

Organization or Individual's name (as you want it listed): _____

Contact Person: _____

Signature: _____

Email: _____

Phone Number: _____

Mailing Address: _____

City, State: _____

Zip code: _____

Please reserve and donate by December 7

Circle your sponsorship level, complete and return this form to

Ana Luna via email ana@actlawrence.org

NORTH POLE

\$2,500

SANTA

\$1,000

JOY

\$500

WISH

\$250

GIFT

\$100

