



Event Sponsorship Application

SPONSOR NAME: _____

COMPANY (IF APPLICABLE): _____

ADDRESS (PLEASE CIRCLE BUSINESS OR HOME): _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

SPONSORSHIP LEVEL (PLEASE INDICATE LEVEL OF SPONSORSHIP FROM OUR INFO PAMPHLET): _____

DELIVERY OPTION (PLEASE CIRCLE):

VENMO

CHECK VIA MAIL

CHECK VIA DROP OFF/PICK UP

PAYPAL INVOICE (2.2% FEE)

CONTACTED BY (AFFIRMATIONS PROJECT AFFILIATE): _____

SIGNATURE: _____ **DATE:** _____

Please include brochures/photos/menus/programs if applicable.

Return this form, along with any other pertinent information to:

The Affirmations Project Sponsorship Management

TheAffirmationsProject@gmail.com

If you have additional questions, please contact The Affirmations Project:

Phone: (813) 618-7125

Email: TheAffirmationsProject@gmail.com

The Affirmations Project is a private nonprofit corporation and is tax exempt under Section 501(c)(3) of the Internal Revenue Code.