



Sponsorship Form

I have enclosed a check for \$ _____ Please charge my card for \$ _____

Company Name _____

Name of Contact _____

Sponsorship Amount _____

Sponsor Address _____

City, State, Zip _____

Phone Number _____

Method of Payment Credit Card Check

Name on card _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Card Number _____

Exp. _____ CSV _____

Name, email, and meal choice (chicken, salmon, or vegan) of guests

1. _____, _____, _____

6. _____, _____, _____

2. _____, _____, _____

7. _____, _____, _____

3. _____, _____, _____

8. _____, _____, _____

4. _____, _____, _____

9. _____, _____, _____

5. _____, _____, _____

10. _____, _____, _____

Donate my seats! # of seats donated _____

Kindly return this form via mail, email, or fax no later than May 28th, 2024:

Shared Hope International | Elizabeth Freisinger | P.O. 1907 | Vancouver, WA 98668-1907

email: Elizabeth@sharedhope.org

Fax: 360-695-9489