



SPONSORSHIP FORM



Please complete the following form to confirm your chosen sponsorship level. Completed forms can be returned to via email at info@shedreamsagain.org or mailed to 137 W. Main Street, Plain City, OH 43064

CONTACT INFORMATION:

Organization Name

Contact Person's Name

Contact Email Address

Contact Phone Number

Address

City/State/Zip Code

SPONSORSHIP OPPORTUNITY LEVELS:

\$5,000 Dream Sponsor

\$1,000 Restoration Sponsor

\$500 Reclaim Life Sponsor

\$250 Hope Sponsor

\$100 Love Sponsor

Other \$ _____

PAYMENT INFORMATION: Payment must be received by August 30, 2021 to be included in advertising.

Please send me an invoice.

I have enclosed a check made payable to She Dreams Again.
Mail to 137 W. Main St., Plain City, OH 43064

I have donated online at www.shedreamsagain.org/donations/donate/

Please charge my credit card

Card Number

Expiration Date

Security Code

Thank you for supporting She Dreams Again and Our Community! Once we receive your completed form and payment we will contact you to discuss event arrangements, sponsorship benefits and recognition. Please send us a high-resolution color and black and white logos (EPS, JPG or PNG) to info@shedreamsagain.org