

hawkfion 2010

SPONSORSHIP AGREEMENT

DONOR INFORMATION:

Business: _____

Contact Name: _____

Title

Name

Suffix

Individual: _____

Title

Name

Suffix

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

PAYMENT METHOD:

Charge my credit card: Mastercard Visa American Express For the amount of \$ _____

Card #: _____ Expiration Date _____ Sec. Code _____

Signature _____ Name on card _____

I prefer to pay by check, enclosed for \$ _____ (payable to St. Joseph's Prep)

PAYMENT AND ALL ARTWORK MUST BE RECEIVED BY FEBRUARY 28TH!