



SPONSOR FORM

Contact Information:

COMPANY NAME:

CONTACT PERSON:

ADDRESS:

PHONE:

FAX:

EMAIL:

WEBSITE:

Sponsorship Information:

EVENT SPONSOR (\$350)

RAFFLE SPONSOR (\$50)

WEEKLY SPONSOR (\$100)

OTHER DONATION

Payment Information:

TOTAL AMOUNT ENCLOSED:

INVOICE ME

I HAVE INCLUDED A CHECK PAYABLE TO GREENE COUNTY UNITED WAY
Please mail checks to 748 East High Street, Waynesburg, PA 15370

PLEASE CHARGE MY CREDIT CARD

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

NAME ON CARD:

CARD NUMBER:

EXP. DATE:

CVV NUMBER:

Please return completed form to MaChal Forbes at mforbes@greencountyunitedway.org.