



SPONSORSHIP FORM

SPONSOR INFORMATION

First and Last Name : _____

Company Name : _____

Mailing Address : _____

Phone Number : _____ E-Mail : _____

Website URL : _____

Social Media Handles : ☐ Instagram _____ ☐ Facebook _____

☐ Twitter _____ ☐ Linked In _____

CONTACT DETAILS

Contact Name : _____ Office Number : _____

Title : _____ Email : _____

PAYMENT DETAILS

Sponsor Type :

☐ Start-Up Sponsor **\$2,500** ☐ CPR Class Sponsor **\$5,000** ☐ Community Grants Sponsor **\$5,000**

☐ Other _____

Billing Address : _____

Payment Method : ☐ Credit Card ☐ Cash ☐ Check

Payments will be made : ☐ One-time ☐ Monthly ☐ Quarterly ☐ Yearly

Credit Card Number : _____ Exp : _____

CVV : _____

Signature of Authorizer

Contact Information :

📍 79-23 68 Avenue, Middle Village, NY 11379

📞 1 (917) 215-6826 (Office)

✉️ sponsor@communitiesthatsoar.org

🌐 www.communitiesthatsoar.org