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Business Name of Sponsor

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Event That Will Be Sponsored or Donated To:

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Name of Person Completing Sponsor Form

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Amount of Sponsorship:

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Additional Donations:

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I as designated above am consenting for my business or myself to sponsor/donate the intended amount/items as listed above. I agree to have my name or name of the sponsoring/donating business on the t-shirts that will be sold for the event.

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Paid by: Check \_\_\_\_\_ Cash \_\_\_\_\_ Card \_\_\_\_\_

Please make checks payable to The Pregnancy Help Center of Smith County.

*Your help is greatly appreciated!*