

HALL OF FAME PROGRAM 2009

Organization/Business Name:

Contact Person: _____

Telephone #: _____

Fax #: _____

Email Address: _____

Web Address: _____

Please check all boxes that apply:

- Sponsor an Inductee **\$1000.00**

- Sponsor a Special Award **\$1000.00**
Specify Award: _____

- Sponsor a Table **\$350.00**

- Individual tickets/donations **\$45.00**

- Advertisement
Size: _____ (circle) B/W or Color \$ _____

- Additional Donations for Scholarships, Youth and Family
Camps, and Trainings

RECEIPT:

(For Resident Council use only)

This is to verify that _____

Paid \$ _____ for _____

On this _____ day of _____ 2009.

Funds received by:

Name (printed): _____

Signature: _____