

Sponsor Information

Company_____

Contact Name_____

Address_____ City_____ State_____ Zip_____

Phone_____ Email_____

I want to sponsor at the following level:

-
- | | |
|---|--|
| <input type="checkbox"/> Presenting - \$5,000 | <input type="checkbox"/> Grade 2 - \$1,000 |
| <input type="checkbox"/> Grade 4 - \$2,500 | <input type="checkbox"/> Grade 1 - \$500 |
| <input type="checkbox"/> Grade 3 - \$1,500 | <input type="checkbox"/> Bingo Sponsor - \$1,000 |

Payment Options

Total Sponsorship \$_____

- Enclosed is my check made payable to DMACC Foundation.
- Please invoice me. Month to be invoiced_____
- I will go online to shrimp.dmacc.edu to make my payment.
- I'm unable to attend this year, but want to support DMACC students.
Enclosed is my tax-deductible donation for:
 \$500 \$250 \$100 \$50 Other \$_____

Thanks for your support!

