

SPONSOR RESERVATION RETURN SLIP

Sponsorship Level: _____ \$: _____

Sponsor Name: _____ Individual Name: _____

Street _____

City: _____ State: _____ Zip: _____

Business Sponsor Contact Name: _____ E-Mail: _____

Office Phone: () _____ Cell Phone : () _____

Please write sponsor's name exactly as you would like it to appear in the Program:

My \$ _____ check or money order payable to "City Mission" is enclosed.

Credit Card: Amount \$ _____

Card #: _____ Expiration Date: _____ CCV#: _____

Credit Card Mailing Address: Street _____

City _____ ST _____ Zip _____ Initials (City Mission Use Only) _____

**Please reserve your package and
sponsorship by August 3, 2020**

Eric Smith

Corporate Relations Manager
(724) 222-8530 ext. 284 or
esmith@citymission.org

Sponsorship payments can be made to:

City Mission

84 W. Wheeling Street
Washington, PA 15301

Diane Burnette,
Finance Contributions Clerk,
(724) 222-8530 ext. 245

**Paid Package
Amount:**

\$ _____

Thank you and God Bless!