



2016 Calendar Sponsor Donation Form

BUSINESS CARD SPONSOR

Sponsor Name: _____

Contact Phone For Sponsor: (____) _____ Email: _____

Sponsor Business Name: _____

_____ Standard Donation Amount: \$100 Optional Additional Donation: _____

I understand that for any donation a facsimile of the business card I provided below will be included in the 2016 DSOSN calendar. I agree to hold DSOSN harmless for any printing errors that may occur.

Sponsor Signature: _____ Date ____/____/ 2015

Attach Business Card Here:



INDIVIDUAL SPONSORSHIP TO HONOR, MEMORIZE OR SUPPORT

Sponsor Name: _____

Contact Phone For Sponsor: (____) _____ Email: _____

Standard Donation of \$25 will receive choice of one type of sponsorship from list below. Please indicate your choice.

____ In honor of _____ from the _____ family
(First and last name) (Last name)

____ In memory of _____ from the _____ family
(First and last name) (Last name)

____ In Support of _____ from the _____ family
(First and last name) (Last name)

____ In Support of _____ from the _____
(First and last name) (20 character maximum)

I understand that for my donation MY ABOVE CHOICE will be included in the 2016 DSOSN calendar. I agree to hold DSOSN harmless for any printing errors that may occur.

Sponsor Signature: _____ Date ____/____/ 2015