



2020 Corporate Sponsorship Form

Donor Information

Entity Name: _____

Address: _____

Phone Number: _____

Email: _____

Contact Person: _____

Contribution Type:

One-Time Gift of \$ _____ to be paid on (enter date) _____

Monthly Amount of \$ _____

In-Kind Donation (Please describe): _____

Estimated value of in-kind donation: \$ _____

Sponsorship Advertising

Yes, please include my business/church as a partner on your website

Yes, please promote my business/church as a partner on social media

Yes, please promote my business/church as a partner at public events

Please submit this form via email to contact@upliftmidmo.org, or by US Mail to 1794 Bryan Pl, Mexico, MO 65265. If your check is enclosed, please make it out to Uplift Mid-MO.

Signature of Authorized Personnel

Date