

Celebration of Life

Sponsorship Application

Organization/Sponsor Name _____

Contact Name _____ Title _____

E-mail _____ Phone _____

Address _____

City _____ State _____ Zip _____

Sponsorship Level (select one)

- \$5,000** *2 Tables of 8, Advertising on Radio and at Event*
- \$2,500** *1 Table of 8, Advertising on Radio and at Event*
- \$500** *1 Table of 8 (Table Sponsor)*

Signature _____

Date _____



Please make checks payable to:
Dayton Right to Life Foundation
(501c3, tax deductible)

