

**Sponsor name as you wish it to be published:**



**DEADLINES:**

- **EMAIL RECOGNITION: OCTOBER 2, 2024**
- **WEBSITE RECOGNITION: OCTOBER 16, 2024**
- **ALL EVENT RECOGNITION: NOVEMBER 20, 2024**

CONTACT NAME: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SPONSORSHIP AMOUNT: \_\_\_\_\_

Additional Donation: \_\_\_\_\_

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_



VALUE:\$

- **Make checks payable to LINCS FAMILY CENTER**
- **Please email a jpg or png version of your logo to: [lincs@wilsonareasd.org](mailto:lincs@wilsonareasd.org)**

TAX ID INFORMATION: 46-4369041