## **HOLE SPONSORSHIP FORM**

Complete this form and fax to: 315-272-1698 – **OR** – donate online by going to: www.thearcolc.org, no later than **Monday, July 9, 2018** 

Name:	Title:	
Company:		
(PLEASE PRINT SP. Address:	ONSOR NAME EXACTLY AS YOU WISH IT TO BE LISTED O	N EVENT MATERIAL AND PUBLICATIONS)
City:	State: Zip:	
Telephone(s):	Fax:	
Email:		
Please clearly print your Company Name, exactly by deadline, or is not camera ready, we will print your  SPONSORS WILL RECEIVE ONE (1	Company Name as indicated here):	
	Payment Options	
Total: \$	— □ Bill me (I understand I will be invoiced in July 2018)	
AUTHORIZED	☐ Credit card (check one): ☐	MasterCard □ Visa
SIGNATURE:	CARD NUMBER	
Thank You for Your Support!	EXPIRATION DATE  CARDHOLDER SIGNATURE	ZIP CODE
	☐ Check enclosed. Amou	





For additional information, please call: 315-272-1529

Proceeds from this event directly benefit people with developmental disabilities in our local communities by supporting programs such as Children's Services, Early Intervention, Pre-K Screening, Guardianship, Summer Camp, and more.