



Sponsorship/Donation Form

Company Name: _____

Contact Person: _____

Email: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Website: _____

Please indicate which sponsorship/s your company is interested in:

Type: _____ Contribution: _____

Type: _____ Contribution: _____

Special requests or comments: _____

As an authorized representative of the business/organization listed above, I agree to sponsor the Santa Rosa Young Professionals as indicated above.

Signature: _____ Date: ____/____/____

Sponsors: Please include logo and/or business/organization name as you would like it to appear. A jpeg or gif version of your logo may be required. All sponsorships must be paid in advance. Make checks payable to: Santa Rosa Young Professionals (Memo: Sponsorship).

BELOW IS FOR SRYP USE ONLY

Sponsorship Fee Amount Paid: \$ _____ Initial: _____ Receipt #: _____