|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sponsors Name:** | **Address:** | **Phone Number:** | **email address:** | **# of wreaths sponsored** | **Check #** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |  |   |   |
|   |   |   |  |   |   |
| **CUT OFF DATE: November 30 2020; ALL SPONSORSHIPS MUST BE IN THE OFFICE NO LATER THAN THIS CUT OFF DATE, NO EXCEPTIONS**Cash $: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fundraising Group#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total # Checks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total$: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MO $: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

GEN:

***FOR OFFICE USE ONLY:***

Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reconciled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_