Sponsors Name:	Address:	Phone Number:	email address:	# of wreaths sponsored	Check #

CUT OFF DATE: November 27, 2017; 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 $: _____

FOR OFFICE USE ONLY:

Entered: _____

Reconciled: _____

GEN: