



# SPONSORSHIP FORM

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Sponsors Name: \_\_\_\_\_

Sponsors Business / Organization Name:

\_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Website / e-mail address:

\_\_\_\_\_

Donation Amount:

\$10.00    \$20.00    \$30.00    \$40.00    \$50.00    \$60.00

\$70.00    \$80.00    \$90.00    \$100.00    Other \_\_\_\_\_

**\*All donations are tax deductible**

**\*YEDA will need to determine how to receive the payments and the parents will determine how they want those funds allocated**

Thank you again for your support 😊