

## **SPONSORSHIP DONATION FORM**

Please accept th	is <b>Sponsorship Donation</b> for the Loc	cal Office on Aging's:
SOUP FER SENIORS	Let's LUNCH	CENTER FOR HEALTH AND WELLNESS  Contact me about Naming Opportunities.
In the amount of:	Media Sponsor	Other gift amount
☐ \$25,000 ☐ \$10,000	(in-kind donation of coverage before and during the event) for:	(not a sponsorship but an outright gift):
☐ \$10,000	☐ Soup for Seniors	¢
	☐ Let's Give Lunch	\$
☐ \$2,500		
Payment Information		
Check enclosed. Payable to Please charge to Credit/Dek	Local Office on Aging. <b>Dit Card:</b> (Visa/MasterCard/American Express,	/Discover)
_		•
	CVV code:	
Business/Organization Name: _		
Contact Person:		
City, State, Zip:		
Phone number:	Email:	
Please email your	our Please mail this completed sponsorship form to:	

Please email your company logo/artwork to: LAnderson@LOAA.org

Please mail this completed sponsorship form to

Local Office on Aging Sponsorships P.O. Box 14205 Roanoke, VA 24038-4205.