

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

CUT OFF DATE: December 03, 2018; 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: _____	GEN:
Reconciled: _____	