



Sponsor Agreement

Company Name: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Name as you would like it to appear on promotional materials: _____

Other special instructions/requests: _____

SPONSORSHIP LEVEL
Description: _____
Amount: _____

NAME: _____

NAME: _____

DATE: _____

DATE: _____

Sponsor Representative

Giftng Grace Project, Inc Representative

For more information, please call Giftng Grace at 337-321-3356

All Major Credit Cards Accepted. Checks made payable to Giftng Grace Project, Inc.

Tax ID: 86-2431236

Email Completed Agreement to: David@giftinggraceproject.com

or Mail to: 217 Rue Louis XIV, #100, Lafayette, LA 70508