



Sponsorship details:

\$ 100.00 to include all of the above

Business Name: _____

Contact Name: _____

Business Address: _____

_____ Zip _____

Contact Phone #: _____

Payment Method: Cash ___ Check # _____ CC ___

CC Info will be destroyed after usage.

Name on Card: _____

Card #: _____ CCV _____

Expiration Date: _____ Zip Code: _____

All proceeds from this event will go to support local veterans.

We appreciate your business and support. Thank you from

American Legion Post 125.

Charles Hopkins

Ron Paluska

Commander

Finance Officer