FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPONSOR FORM

Name/Company: _____

Contact Name:_____

Address:_____

Phone:_____ **Fax:**_____

Email:_____

Acknowledgement Name(s):_____

******In order to properly recognize your business's donation, please have your sponsor money to the Meriden YMCA by Friday, September 12th, 2014******

Select Your Sponsor Level

√ Your level	Level	Amount	Sponsorship Recognition on T-Shirts	# of Tickets to Ride for the Y BBQ	Sponsorship Recognition in the Record Journal	Recognition on Meriden YMCA's Website	Recognition in Meriden YMCA's eNewsletter
	Royal Flush	$1,000	Yes	6	Yes	Yes	Yes
	Straight Flush	$500	No	4	Yes	Yes	Yes
	4 of a Kind	$250	No	2	Yes	Yes	Yes
	Full House	$100	Bike Route Stop Sponsor - Signage Only at Stop Location				

Please choose the form of payment:

[ ] Check* [ ] Cash [ ] Credit Card

If by credit card, provide the following information:

Card number: _____

Credit Card Type: _____ Expiration date: _____

Card Holder's Name: _____ Signature: _____

***Please make checks payable to: Meriden YMCA (w/ Ride for the Y in the memo section)**

Meriden YMCA 110 West Main Street Meriden CT 06451
203-235-6386 www.meridenymca.org
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