FISH FRY SPONSORSHIP AGREEMENT

To purchase sponsorships online please visit campaldersgate.net/fish-fry

Company or Individual Name:		
Contact Name:	Date:	·
Address:		
City / State / Zip:		
Phone:	Email:	
Sponsor Representative		 Date
Camp Aldersgate, Inc. Representativ		 Date
	ed:	rsgate, Inc.
Amount Enclosed: \$	Balance to be bill	ed:\$
Credit Card #:	Exp. Date:	Security Code:
Make my gift go further. Please	increase my gift by 3% to hel _l	p cover transaction expenses.
Authorized Signature of Donor:		Date:
PRINTI	NG & PUBLICA	TIONS
Please submit a high resolu	ıtion (300 dpi) file of your log	go by September 1, 2023.
Please use the following name (indipublications and other printed and	•	dation) for sponsorship listing in
I (we) prefer not be listed in any	public materials.	