

Maslow Project  
2024 Sponsorship Form

**Contact information**

Name of Business/Sponsor \_\_\_\_\_

Contact Name (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

**Sponsorship:**     Back 2 School Giveaway     Giving Tuesday: Uplifting Youth and Families     Hygiene Hallway

Donation amount: \$ \_\_\_\_\_     One time donation.     Three year commitment!

**Payment Information**

Cash     Check     Credit Card

Name as appears on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVC \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Sponsorship Agreement: My company (or self) agrees to the terms associated with the above donation amount.**

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Contact [Corrie@maslowproject.com](mailto:Corrie@maslowproject.com) or [Hannah\\_b@maslowproject.com](mailto:Hannah_b@maslowproject.com) for questions or assistance!

**Or call 541-608-6868**