"END OF SEASON CELEBRATION" SPONSORSHIP FORM



To celebrate with The Miracle League of Union County and their successful sea sons, we would like to make a contribution in the following ways:

All checks should be made payable to: <u>The Miracle League of Union County</u>, and mailed to PO Box 425 Union, SC 29379. All donations are tax deductible to the extent allowed by law. Please call 864-466-7879 if you have any questions.

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| □ Food Sponsor Catered -Will provide each player an entrée at the end of their final game; provide an employee to hand out the entrée and provide signage and/or mascot. Benefits include support and advertisement as a community partner through recognition in local media and social media before and after this event. | | |
| □ Food Sponsor Provided For Pick Up- Will prompt Member will pick it up from you. Benefits include supplemental media and social media before and after this even | pport and advertisement as a community part | |
| ☐ Gift Cards Sponsor- Will provide MLUC with a g support of MLUC. | gift card or coupon for a free menu item for ea | ach player, showing your |
| For the Spring, End of Season Cele | ebration, we need to know by <u>M</u> | ay 1st if you will be |
| able to contribute as a food spons Season Celebration, we need to kno a food sponsor or gift card/coupon fulltime volunteers that you will be rate count at the time of the | ow by <u>October 1st</u> if you will be sponsor. There are approximate | able to contribute as ely 80 players and 40 give you a more accu- |
| | Company Name | |
| | iling and/or Physical Address | |
| | | |
| City | State | Zip |

Authorizing Signature

Fax Number

Phone Number

Date

Email Address