



Sponsorship Form
(Please complete entire form)

Name of payee: _____

Contact Name: _____

Phone Number: (____) _____

Email Address: _____

Sponsorship Level/Donation Amount: _____

Name as it is to be displayed or Banner/Board Message: _____

☞ Respectfully, hi-resolutions logos, banner and board messages are due no later than Wednesday, October 4, 2017 to ccoffey@stjosephlakeland.org

☞ Please return completed Sponsorship form and payment to:

St. Joseph Catholic Church
Attn: Carnival Committee
P. O. Box 30
Lakeland, FL 33802