

SPONSORSHIP RECEIPT FORM

PLEASE REMIT THIS FORM WITH YOUR CHECK TO BHN AT:

P.O. Box 531233
BIRMINGHAM, ALABAMA 35253

SPONSOR NAME: _____

SPONSOR SHOULD BE LISTED AS: _____

ADDRESS FOR RECEIPT: _____

SPONSOR TELEPHONE: _____

SPONSOR EMAIL: _____

BHN REPRESENTATIVE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

CONGREGATION AFFILIATION: _____

SPONSORSHIP LEVEL: _____ BRONZE (\$125. INCLUDES 2 TICKETS)
 _____ SILVER (\$250. INCLUDES 4 TICKETS)
 _____ GOLD (\$500. INCLUDES 6 TICKETS)
 _____ PLATINUM (\$1,000. INCLUDES 8 TICKETS)
 _____ DOUBLE PLATINUM (\$2,000. INCLUDES 12 TICKETS)

DATE: _____

COMMENTS: _____

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SPONSOR RECEIPT (DETACH AND GIVE TO SPONSOR)

NAME OF SPONSOR _____

AMOUNT OF SPONSORSHIP \$ _____ DATE: _____

BHN REPRESENTATIVE _____