



SPONSORSHIP & DONATION FORM

2210 West Main Street, #107-345
Battle Ground, WA 98604
T-360-687-1510 F-360-687-4505
info@battlegroundchamber.org
Tax ID # 91-6180621

Sponsor/Org Name: _____ Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Please Pay in Advance

Monetary Donation

Amount \$ _____

Cash: _____

Check: _____

CC#: _____

Exp Date: _____ CVV2 code on back: _____

Initials: _____

In Kind Donation

Value \$ _____

Type:

In Kind Service _____

Volunteer Time & Commitment

Product _____

Auction Item/Gift Basket

EVENT/PURPOSE: _____

Description/Notes regarding Donation:

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In receipt of above referenced donation, your organization will receive the following in reciprocation and gratitude:

- Newsletter Recognition
- Website Recognition
- Speaking & Presentation Opportunity
- Event Location Recognition:
 - Banner Placement
 - Signage
 - Program
 - Print Advertising
 - Press Release
 - Radio and/or TV PSAs
 - Other: _____

Sponsor Accepted:

Sponsor Signature

_____ *Date Signed*

BGCOC Representative Accepted:

BGCOC Rep Signature

_____ *Date Signed*

The Battle Ground Chamber of Commerce thanks you for your generosity and willingness to ensure the success of our organization and our endeavors which are designed to support you, our partner in the community.