## **SPONSORSHIP OPPORTUNITIES**

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TRAILBLAZER	\$5000
Listed on park signage as sponsor	<b>40000</b>
Recognition on social media and VOCM website	
Recognition in VOCM End of Year Newsletter	
GAP BRIDGER	\$2500
Recognition on Social Media and website	
Recognition in VOCM End of Year Newsletter	
GREEN TEAM	\$1000
Recognition on social media and VOCM website	<b>¥1000</b>
FRIENDS OF THE PARK	
Pledge a Monthly Donation to help mai	intain the Park.
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SUPPORTER INFORMATIO	<u></u>
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Please complete the form below.	
Please complete the form below. Company/Organization/Individual	
Please complete the form below. Company/Organization/Individual Contact Person/Title	
Please complete the form below. Company/Organization/Individual Contact Person/Title Address	
Please complete the form below. Company/Organization/Individual Contact Person/Title Address City/State/ZipPhone	
Please complete the form below. Company/Organization/Individual Contact Person/Title Address City/State/ZipPhone Email Address	
Please complete the form below. Company/Organization/Individual Contact Person/Title Address City/State/ZipPhone Email Address Select your sponsorship:	
Please complete the form below. Company/Organization/Individual Contact Person/Title Address City/State/ZipPhone Email AddressPhone Select your sponsorship:TrailblazerGap BridgerGree	  n Team
Please complete the form below. Company/Organization/Individual Contact Person/Title Address City/State/ZipPhone Email AddressPhone Select your sponsorship:TrailblazerGap BridgerGreeFriends of the Park: I pledge a monthly donation of\$25	n Team \$50\$75\$100
Please complete the form below. Company/Organization/Individual Contact Person/TitleAddress City/State/ZipPhone Email AddressPhone Select your sponsorship: CITRAIBBLAZERGap BridgerGree CITRAIBBLAZERGAP BRIDERGAP BRIDERGAP BRIDERGAP BRIDER	<b>n Team</b> \$50\$75\$100 put the year.
Please complete the form below. Company/Organization/Individual Contact Person/Title AddressPhone City/State/ZipPhone Email AddressPhone Email Address Select your sponsorship:TrailblazerGap BridgerGreeFriends of the Park: I pledge a monthly donation of\$25 another amount of \$ to help maintain the Park throughout of	n Team \$50\$75\$100 out the year. ary Ministries
Please complete the form below. Company/Organization/Individual Contact Person/Title Address City/State/ZipPhone Email Address Email Address Select your sponsorship: TrailblazerGap BridgerGree Friends of the Park: I pledge a monthly donation of\$25 another amount of \$ to help maintain the Park throughor Checks should be made payable to : Voice of Calva Mail donations to: 531 W Capitol St, Jackson, N	n Team \$50\$75\$100 out the year. ary Ministries MS 39203
Please complete the form below. Company/Organization/Individual Contact Person/Title AddressPhone City/State/ZipPhone Email AddressPhone Select your sponsorship: CTrailblazerGap BridgerGree CFriends of the Park: I pledge a monthly donation of\$25 another amount of \$ to help maintain the Park throughout Checks should be made payable to : Voice of Calva	n Team \$50\$75\$100 out the year. ary Ministries MS 39203
Please complete the form below. Company/Organization/Individual Contact Person/Title AddressPhonePhone Email AddressPhoneP	n Team \$50\$75\$100 out the year. ary Ministries MS 39203 w.vocm.org .