



**Second
Harvest
Food Bank**
Champaign+Clark+Logan

MEMBER OF
**FEEDING
AMERICA**

HARVEST BREAKFAST SPONSORSHIP REGISTRATION FORM

Supporting the Second Harvest Food Bank, serving Champaign, Clark, and Logan Counties

Sponsor Name: _____

How you would like it to read on materials

Address: _____

Street Address, City, State, and Zip Code

Phone: _____

Email: _____

Contact Name: _____

I would like to be a _____ sponsor at the \$ _____ level.

Total enclosed: \$ _____ Check # _____ CC _____

(Checks payable to Second Harvest Food Bank CCL)

All sponsorships are tax deductible

CC # _____

Expiration Date (_ / _)

Signature: _____

CWW: _____

Please return to: 20 N. Murray St. Springfield, OH 45503

Attention: Audrey Vanzant

SPONSORSHIP OPPORTUNITIES

	PRESENTING \$20,000	HEALTH \$10,000	COMMUNITY \$5,000	TABLE \$1,000	SUPPORTER \$500
Presenting/speaking part of program	X				
Verbal Recognition	X	X			
Logo feature on invitation	X	X	X		
Press Release Feature	X	X	X		
Table Signage	X	X	X	X	
Social Media Shout-Out	X	X	X	X	X
Slideshow Logo Feature	X	X	X	X	X