



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 signage

Address: _____
Street Address, City, State and Zip Code

Phone: _____ **Email:** _____

Contact Name: _____

I am representing _____ county.

Platinum Spoon Sponsor - \$2,000 _____

Gold Spoon Sponsor - \$1,000 _____

Silver Spoon Sponsor - \$500 _____

Soup Bowl Sponsor - \$250 _____

Soup Spoon Sponsor - \$100 _____

I am proud to support and donate \$___ since I am unable to sponsor this year!

SPONSORSHIP BENEFITS

Sponsor Levels	Bowls	Spoon	Social Media	Newspaper Ad	Website	Event Sign
Platinum Spoon - \$2,000	8	✓	✓	✓	✓	✓
Gold Spoon - \$1,000	4	✓	✓	✓	✓	✓
Silver Spoon - \$500	2	✓	✓	✓	✓	
Soup Bowl - \$250	2	✓	✓			
Soup Spoon - \$100	1	✓	✓			

Total enclosed: \$ _____ **Check #** _____ **CC** _____

(Checks payable to Second Harvest Food Bank)

All Sponsorships are tax deductible

cc # _____ **Expiration Date** (__/ __/ __)

Signature _____ **CWW:** _____

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

Attention: Empty Bowls

Phone: 937-325-8715 ext. 102 | email: avanzant@theshfb.org