



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

MEMBER OF
**FEEDING[®]
AMERICA**

PROGRAM SPONSORSHIP FORM

Supporting the Second Harvest Food Bank, serving Clark, Champaign 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 sponsor Second Harvest Food Bank _____

program at \$ _____

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

Please see page 3 for benefits you will receive based off of the amount you are sponsoring. If you have any questions, please contact us at avanzant@theshfb.org or (937) 325-8715 ext. 102