



SPONSORSHIP FORM

Sponsor Level: _____

Amount: _____

Name: _____

Company Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Web-Site: _____

Please return this form completed with payment to:

GLRCHA
Attn: Laura Starr
14040 Norman
Yale, MI 48097

www.glrcha.com
lstar22@hotmail.com

