

STM Christmas in July 5K Sponsorship Reservation Form

COMPANY/DONOR NAME _____

As you want it to appear in the St. Thomas More 50th Anniversary Commemorative Booklet, Race T Shirt and other promotional materials.

Contact Name: _____ Title: _____

Street Address: _____ Phone # _____

City: _____ State: _____ Zip: _____

E-MAIL: (This is how we will send your receipt. Please print clearly:

SELECT SPONSORSHIP LEVEL(S):

_____ SANTA \$ 500

_____ REINDEER \$ 250

_____ ELF \$ 125

_____ Food/ Beverage Sponsor – Specify food or beverage item(s) and quantity(ies) here:

_____ Gift Card Sponsor –Specify item and \$ amount here _____

_____ Gift Basket Sponsor – Specify Items included in Basket _____

SIGNATURE: _____ Date: _____

Payment is due at time of registration.

_____ Check enclosed payable to St. Thomas More Parish Amount \$ _____ Check # _____

Please return this form and payment by July 10, 2018 to

St. Thomas More Parish
Attention: STM 5K Committee
1439 Springdale Road
Cherry Hill NJ 08003

All donations are tax-deductible to the fullest extent of the law.