MANOR YOUTH ASSOCIATION

2024 Sponsorship Application

Business Name:_____

Name: _____

Phone:_____ Email:_____

Address:_____

City: _____ State: _____ Zip:_____

Level of Sponsorship: **Amount:_____**

_____

_____

Signature:_____

For Office Use Only:

Payment Type: Check Credit Card

Check # _____

Credit Card Type: MC VISA Discover AMEX

Card Number: _____

Expiration Date: _____

Security Code (CVC): _____

Billing Zip Code: _____

Payment Amount: _____

My signature authorizes Manor Youth Association to charge my account listed above for the donation described above.