

Date: _____



THE GOOD FIGHT
BE PREPARED FOR LIFE

**The Good Fight Community Center
Sponsorship Form**

Send completed form with your donation to: 118 6th Street N., La Crosse, WI 54601.
Checks can be made payable to "The Good Fight Community Center".

Sponsorship Level – Recurring or One-Time Donation

- Monthly: \$25 Per Student
- Half Year: \$240 Per Student
- Full Year: \$300 Per Student
- One-Time Gift: \$ _____

Number of students you would like to sponsor: _____

Total Amount of the gift: \$ _____

Sponsorship Type – Community Member or Business Sponsor

Community Member Information

Name (*First, Last*): _____

Address (*Street Name, City, State, ZIP Code*):

Phone Number: _____

E-mail: _____

Business Sponsor Information

Business Name: _____

Business Address (*Street Name, City, State, ZIP Code*):

Business Phone Number: _____

Business E-mail: _____

Contact Person Name / Title: _____

Contact Person Phone Number: _____

Contact Person E-mail: _____