

Contact Name:			
Company Name:			
Address:			
		-	
		-	
Phone:			
Fmail:			
Our com	pany would like the	following sponsor	rship(s):
0	Gold	\$1,000	
0	Silver	\$500	
0	Bronze	\$300	
*If sponsorship is	\$1,000 or above, please	send company logo, in	jpeg format, to:
	drcraiggill1@y	vahoo.com	
Note: Sponsorship level opportunitie	es mav chanae due to prii	nt deadlines. We will c	ontact you if a deadline is a factor.
Individuals may claim 50% of gift	ts up to \$200; married	couples filing jointly	ıalifies for a Michigan Tax Credit. may claim 50% of gifts up to \$400; tax advisor before making a claim.
	Method o	f Payment	
 I am enclosing a check m (send ch 	nade payable to Livin neck to P.O. Box 1916	~	•
o Visa o Mast	erCard oD	iscover	oAmerican Express
Credit Card #:			
Expiration Date:			
Signature:			Date: