# Sponsor Donation Form

**Please list names of sponsors who want a tax-deductible contribution receipt/thank you note.**

| SPONSOR | ADDRESS | DONATION AMOUNT |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**1320 Belmont Ave., Suite 402**
**Salisbury, Maryland 21804**
**(410) 548-7880**