



FRANKLIN COUNTY YOUTH FOOTBALL ASSOCIATION SPONSORSHIP FORM

BUSINESS NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
CONTACT PERSON(S) NAME: _____
COMPANY WEBSITE ADDRESS: _____
COMPANY E-MAIL ADDRESS: _____

PLATINUM: DONATION OF MONEY OF \$250.00 OR MORE
DONATION: _____

GOLD: DONATION OF MONEY OF 100.00 TO \$250.00
DONATION: _____

SILVER: DONATION OF MONEY \$100.00 OR LESS
DONATION: _____

Enclosed is my check # _____ in the amount of \$ _____

Please make checks payable to Franklin County Youth Football Association. You can mail this form to P.O. Box 142, Greenfield, MA 01301.

We greatly appreciate your contribution and support.