

... Sponsorship Form

The Lincoln University Women's Center

Participant's Name: _____ *Amount Enclosed:* _____

Phone: _____ *Email:* _____

Participating: (Circle One):

Individual Team

Team Name: _____

<i>Sponsor's Full Name</i>	<i>Phone Number</i>	<i>Pledge Amount</i>
<i>1.</i>		
<i>2.</i>		
<i>3.</i>		
<i>4.</i>		
<i>5.</i>		
<i>6.</i>		
<i>7.</i>		
<i>8.</i>		
<i>9.</i>		
<i>10.</i>		
		<i>Amount Enclosed:</i>

Make checks payable to: Lincoln University

For Official Use Only

Verified By: _____ *Date:* _____