

(Your name or company wi	ill be displayed as listed above.)	_
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Phone:	Email:	_
I/We would like to support SMSA as follows:		
Event Sponsor	Monetary Amount for Sponsorship: This completed form is requested by January 21 , 2019.	
Donate an item	This completed form and Item are requested by February 15 , 2019.	
	Value of Item: ease pick up on I will deliver on	Item
Item Description (Please be detailed and specific. Use back of sheet if necessary.)		

Please provide check payable to:

Sponsor/Donor Name

St. Mary's Springs Academy Your donation may be tax deductible. Please consult your tax advisor.

Return to:

St. Mary's Springs Academy Kristin Zitlow/Special Events 255 County Road K Fond du Lac, WI 54937