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| **Sponsor Application** |



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| Sponsor’s Name/Business Name: |

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| --- |
| Address: |

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| --- | --- |
| City: | State: |

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| --- | --- |
| Zip Code: | Phone Number: |

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| Email: |

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| Website: |

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| --- |
| Primary Contact Person: |

Describe your organization and its mission: (Attach additional sheets as needed.)

**Slide Template: Check One**

Please email me the slide template so that I can edit and return it to you by **May 31, 2015.**

Please use the above information to create a slide for me. I will email my logo/image by **May 31st, 2015.**

**Sponsor Type: Check One**

Business

Nonprofits/LGBTQA Organizations

Individual

**Please send Logo and/or completed slide in email to: heath@unitingpride.org**