



Sponsor Company Name: _____

Sponsor Company Address: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Cash Amount Donated: \$ _____

In-Kind Amount Donated: \$ _____

(Please list and estimate the value of all goods & services including merchandise, promotional giveaway items, promotional air time & advertising discounts.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Donation: \$ _____ **Level:** _____

Please make checks payable to and send with this form to:

Vicki Welsh Fund
5960 Dearborn, Suite 235
Mission, KS 66202

Vicki Welsh Fund is a 501(c)3 nonprofit corporation, Federal Tax ID - 46-1912384

For additional information or questions please contact:

Monica Winslow
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monicajwinslow@gmail.com