



## SPONSORSHIP/DONATION REPLY FORM

Name \_\_\_\_\_

Company's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Best time of day to contact:  morning  afternoon  evening

Yes, I/my business/company would like to serve as a sponsor and or make a donation to the non-profit organization "Empowering Sounds of Movement".

Please check one of both.

Sponsorship

Donation (How much will be donated?) \$\_\_\_\_\_

No, I/my business/company will not be able to serve as a sponsor or make a donation to the non-profit organization "Empowering Sounds of Movements", but I/my business/company would like information on how to volunteer some time in becoming a place of internship for the Deaf and hearing youth and young adults.

All Sponsorships and Donations are tax deductible. **EIN# 45-3243291**