

Sponsorship Application Form

Company Name
Contact Person
Address
City/State/Zip
Telephone
Email

Submit an electronic copy of layout and message to sues@4Cchildcare.org

Select Type of Sponsorship

Placement	Cost	Month	Quarter
Web site	\$500/month		

Indicate the month(s) or quarter(s) (winter, spring, summer, fall) selected.

Credit Card Payment Information:

Type: Master Card _____ Visa _____ Discover _____

Credit Card # _____

Expiration Date _____

If different than above,

Name on card _____

Address for card _____

I have read the Kent Regional 4C Sponsorship Policies and will abide by them.

 Signature

 Date

Send this form with payment to:

Director of Finance; Kent Regional 4C; 233 East Fulton, Suite 107; Grand Rapids, MI 49503

To be completed by the Kent Regional 4C office.

Check # _____	Date paid	Amount paid
Credit Card _____		
Cash _____		

For Our Sponsorship Policies Click [Here](#)