

Granting Resources

A program of St. Landry-Evangeline United Way



2005 Sponsorships – Charter Member

Name of Sponsor: _____

Contact Person: _____ Email address: _____

Phone #: _____ Fax #: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Sponsorship Pledge of \$5,000

Payment method:

Payment included (*mail to Granting Resources, St. Landry-Evangeline United Way, PO Box 189, Opelousas, La. 70571-0189*)

Bill Me

On the following date: _____

Monthly for 10 months at \$500 per month

Quarterly in June, September, December and March 2006

Fund Distribution Committee

Fund Distribution Committee will review the Agency Resource Assistance Request.

If you or someone in your organization is interested in serving on this committee, please list name and contact information.

Name: _____ Title: _____

Email Address: _____ Phone #: _____