



Sponsorship Form

Building happy, healthy, responsible kids

Sponsor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge an amount of \$ _____ to be paid: now \$600 ___ monthly ___ quarterly ___ yearly.
 I (we) pledge to sponsor 1 Child (50) ___ 2 Children (100) ___ 3 Children (150) ___ etc. ___
 I (we) wish to sponsor as many children as possible with this designated amount \$ _____
 I (we) plan to make this contribution in the form of: cash ___ check ___ credit card ___ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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I wish to sponsor the one or more of the following families – Please Check One

<input type="checkbox"/> Families of War
<input type="checkbox"/> Special Needs
<input type="checkbox"/> Underprivileged (Kids Hope)

Please make checks, corporate matches, or other gifts payable to:

Gymnastiks Unlimited
 3400 Highland Drive
 Hudsonville, MI 49426
 669.6789