Sponsor a Room - **\$2,500**AGREEMENT



RMHC of Kentuckiana will invoice you for your contribution. Please complete the information below for follow up on payment.

Company (As you wished	d to be ackno	wledged)			
Please print your name					
Address					
City		State		Zip	
Phone					
 Email					
I/we would like to make	# of payments	payments of \$	amount of payment	to be completed by	date to be received by
 Signature					

Please submit this agreement to:

RMHC of Kentuckiana Attn: Sara Silletto 550 S. 1st Street Louisville, KY 40202 Email: sara@rmhck.org

If you prefer to pay by credit card, please call Shelley Meredith, Chief Operating Officer, at 502.561.7660.

