

SPONSORSHIP FORM



REGISTRATION INFORMATION

Organization Name

Date :

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Sponsorship Type

MVP
(\$25,000)

Half-Time
(\$10,000)

3-Point
(\$5,000)

Center
(\$2,500)

Point Guard
(\$1000)

Contact Name:

CONTACT INFORMATION

First and Last :
Name

Billing Address :

City and State :

Zip Code :

E-Mail :

Phone :

Please Send Payment to:

**Metro Lutheran Ministry
C/O 3B
3031 Holmes
Kansas City, MO 64109**

Questions?

Rebecka Noel, Director of Community Engagement
816-285-3154 / rebeckanoel@mlmkc.org
www.mlmkc.org

Signature

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THANK YOU FOR YOUR SUPPORT