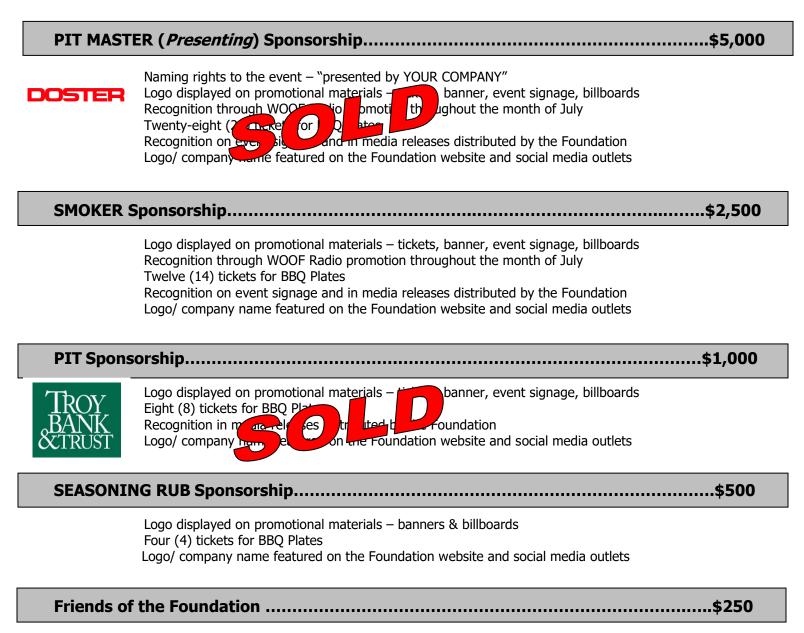


BBQ Fundraiser – Sponsorship Opportunities



Logo displayed on promotional banners Two (2) tickets for BBQ Plates



P.O. Box 6987; Dothan, AL 36302

BBQ FUNDRAISER SPONSORSHIP COMMITMENT FORM

	e:
State:	Zip Code:
Fax	(:
	State:

Sponsorship Opportunities

Please mark your selection:

PIT MASTER Sponsorship	\$5,000
SMOKER Sponsorship	\$2,500
PIT Sponsorship	\$1,000
SEASONING RUB Sponsorship	\$500
Friends of the Foundation	\$250

Payment information:

	My payment is enclosed. (C	heck, Cash, or	Money Order)
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Please invoice me on _____. (MM/DD/YY)

I would like to make pledge payments and be invoiced on a monthly basis beginning in	
(All sponsorships must be paid in full by September 30, 2020.)	

□ I would like to make a payment(s) via credit card (or call us for telephone processing).

Credit Card Type: ____VISA ___ MasterCard ___ Discover ___ American Express Card Number: _____ Exp. Date: _____ Card V Code (last 3 or 4 digits on back of card): _____

Authorized Signature:

Return to Southeast Health Foundation by mail to 1922 Fairview Avenue, Dothan, Alabama 36301, or by email to aebunting@southeasthealth.org.

Key Deadlines: To receive all sponsorship benefits, reply by July 14, 2020.

Southeast Health Foundation | 1922 Fairview Ave. | Dothan, AL 36303 334.673.4150 | www.sehealthfoundation.org