





\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Organization/Donor Name (For Recognition Purposes)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Phone

\_\_\_\_\_  
Email

- LEVEL 1 SPONSOR \$1,000
- LEVEL 2 SPONSOR \$500
- LEVEL 3 SPONSOR \$250
- Other Amount \_\_\_\_\_

I would like to make an in-kind donation. (Briefly describe the products or services you would like to contribute.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree, on behalf of the above named organization or individual, to donate the indicated amount above to The Flourish Foundation, Inc. as a contributor to the **2017 BloomFest** event. I agree that the organization name indicated above may be used for promotional purposes and on sponsor recognition materials.\*

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
Flourish Foundation Representative (if applicable)

<p><b>DONATION BY CHECK:</b> Please make check payable to "The Flourish Foundation, Inc." and mail form and check to: <b>The Flourish Foundation, Inc., c/o Treasurer</b> 3535 Peachtree Rd., STE. 520-148, Atlanta, GA 30326</p>	<p><b>ONLINE DONATION:</b> <a href="http://flourishlife.org/donate-now.html">http://flourishlife.org/donate-now.html</a> Please email your completed form to <a href="mailto:fund@flourishlife.org">fund@flourishlife.org</a></p>
<p>* Contributions must be received no later than March 11th to maximize sponsor advertising benefits.</p>	

Thank you for your contribution! Your monetary donation is tax-deductible. Tax ID # 46-2232035.  
The Flourish Foundation Inc. is a non-profit 501(c)(3) organization.

