

**SUPPORT THE CHAMBER
FOUNDATION**



Name: _____
Company: _____
Address: _____
City: _____ **Zip:** _____
Phone: _____ **E-mail:** _____

Sponsorship Opportunities:	Amount
Battle Creek Leadership for Community Change: Leadership training that addresses community issues	_____
The Business Store: Entrepreneurial Opportunities	_____
Silent Observer: Fugitive of the Month and Fast 50 Program	_____
S.O. Golf Outing: Supports Silent Observer Program	_____
Cereal Festival: Celebrates Battle Creek's Cereal Heritage	_____
Festival of Lights: Annual Holiday Festival	_____
Please use the gift where it is needed most	_____

Total Contribution \$ _____

Method of Payment:

_____ Check
 _____ Credit Card # _____
 Type: AMEX – MC – VISA Expiration date _____
 _____ Check, Invoice on: _____
 _____ Gift in Kind (Please describe): _____

Payment Schedule:

_____ Single contribution (Payable on _____)
 _____ Quarterly (1st of September, December, March and June)
 _____ Monthly, beginning (date) _____

Signature: _____ **Date:** _____

Please return to: Linda Wendt, COO, Battle Creek Area Chamber Foundation,
 77 East Michigan Avenue, Suite 80, Battle Creek, MI 49017