



**San Gabriel Valley Pride
2007**
E-Newsletter Sponsor
Application

Office Use Only	Date Rec'd _____	Booth No.
	Amt Paid _____	
	Check No. _____	

Business Name: _____

Contact Name: _____

Address _____

Street	City	State	Zip
Daytime Phone: _____		Evening Phone: _____	

Fax Number: _____ Email: _____

Non-Profit No./F.E.I.N. No.: _____

Have you been a sponsor in previous San Gabriel Valley Prides? If so, what year(s) _____

List the coupon that you would like to list in the E-Newsletter. Please provide web ready art by the 25th of each month. (SGVP, Inc. reserves the right to approve topic):

Send Completed form with payment to:

San Gabriel Valley Pride, Inc.
P.O. Box 630, Pasadena, CA 91102
626.841.1330
info@sgvpride.org | www.sgvpride.org
Non-Profit Charitable 501(c)(3) Organization
FEIN: 33-1042305

Donation	
1 Month Sponsorship	@ \$25 = _____
Method of Payment (Circle One): No personal checks or credit cards accepted.	
Cashier's Check	Bus. Check Money Order
Check#	_____
Total = _____	

Application Authorization

Name (print): _____ Title: _____

Signature: _____ Date: _____