



Community Warehouse Corporate Voucher Sponsorship

Sponsor Information

Name of Company _____

Address _____ City, State _____ Zip _____

Primary Contact Name _____ Title _____

Primary Contact Phone _____ Email _____

Sponsorship

Total Amount of Sponsorship \$ _____

____ One-Time ____ Monthly start date: _____ end date: _____

NOTE: Check must be made out to **GAP Ministries** with "CW Sponsor" in memo

Choose up to 4 nonprofits -

Indicate name and dollar amount of vouchers you would like each Nonprofit to receive

***20% of Sponsorship will be processed internally and divided between all Community Warehouse partners in the form of vouchers.*

Sponsor Amt. + GAP Matching Amt. = \$ _____ (minus 20%) = \$ _____
(100% Match)

(Nonprofit must meet the requirements of the Community Warehouse to qualify)

Name of nonprofit: _____ \$ _____

Name of nonprofit: _____ \$ _____

Name of nonprofit: _____ \$ _____

Name of nonprofit: _____ \$ _____

I agree to be a corporate sponsor of Community Warehouse Vouchers -

Name Date

Sponsors will be acknowledged on the Community Warehouse webpage and in the Warehouse.

Please send your company logo digitally to growth@gapmin.com

If you have questions regarding your sponsorship, contact: **Jerry Smith at 520-207-2208**

Thank you for your sponsorship of the Community Warehouse. You will be sent an emailed & post mailed thank you letter/ receipt shortly after we've received your sponsorship funds. Contributions are tax deductible to the extent allowed by law. Tax Deductible Donation/ Sponsorships: GAP Ministries Tax ID. #86-0999503,