



MHAC Volleyball

Individual Sponsorship Form

Business Name: _____
(Please attach a business card.)

Contact: _____ Title: _____

Address: _____

Phone: _____

Email*: _____

Web site: _____

Individual Name and Team Name to be credited with your sponsorship:

Amount of Sponsorship: \$ _____

**You will receive a copy of this form for tax purposes after processing if you provide an email.*

Please mail a check and completed forms to:

MHAC Volleyball
37095 Highway 26
Sandy, Oregon 97055

For Office Use ONLY

Sponsorship Received ____/____/____ in the amount of \$ _____

Processed and Applied to: _____ Account # _____

MHAC Representative Signature: _____

37095 Highway 26
Sandy, Oregon 97055
503.826.0565 ph 503.826.1916 fax
www.mhacjrsvolleyball.com