

## *Sponsorship Opportunities*

### ***Provide a Volunteer Dinner***

We average 45 volunteers per month. If you check this option, we will provide you with a head count prior to the Parents' Night Out date you select. Please let us know whether you will be delivering the meal or if we will need to pick it up.

### ***Provide Snacks***

We average 35 kids and 45 volunteers per month. If you check this option, we will provide you with a head count prior to the Parents' Night Out date you select, and a list of snacks we usually purchase and the brands we prefer. We are specific with the branding in order to eliminate snacks that contain ingredients to which many children with disabilities are allergic.

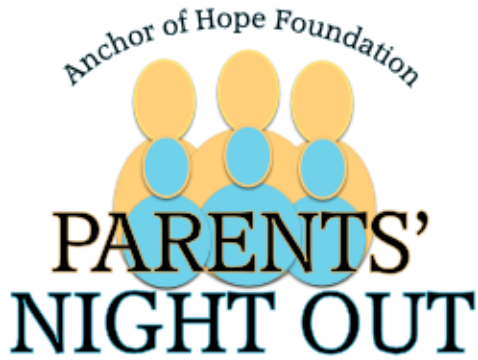
Please let us know whether you will be delivering the snacks or if we will need to pick them up.

***Provide Funds for Anchor of Hope to Purchase a Volunteer Dinner ~ \$100.00***

***Provide Funds for Anchor of Hope to Purchase Snacks ~ \$50.00***

### ***Cover Facility Rent ~ \$100.00***

Anchor of Hope rents the Dayspring Presbyterian Church facility for \$100.00 per month of Parents' Night Out.



## ***Sponsorship Registration Form***

Please complete this form and e-mail, fax, or mail it to Anchor of Hope Foundation. If you would like to complete your registration online, visit the Parents' Night Out page at [www.anchorofhopefoundation.org](http://www.anchorofhopefoundation.org).

Company Name:

Contact Person:  Title:

Address:

City:  State:  Zip:

Phone: ( )-  Fax: ( )-  Email:

**I would like to cover the following Parents' Night Out expenses:**

- Provide a Volunteer Dinner
- Provide Snacks
- Provide Funds for Anchor of Hope to Purchase a Volunteer Dinner - \$100.00
- Provide Funds for Anchor of Hope to Purchase Snacks - \$50.00
- Cover Facility Rent - \$100.00

**Which month(s) would you like to provide the above indicated services?**

- January     February     March     April     May
- September     October     November     December
- Whenever Needed
- Every Month

**TOTAL AMOUNT ENCLOSED:**

\$

**Payment Method:**

Please indicate payment method and fill out following page with organization and payment information.

- Pay by Check: make payable to Anchor of Hope Foundation
- Pay By Credit Card

**Credit Card Information:** (all credit card information is kept confidential)

Master Card     VISA     AMEX     Discover

Credit Card Number     Expiration Date     CSC   
(last 3 digits on back of card)

Billing Address: (as it appears on credit card statement)

I authorize Anchor of Hope Foundation to use designated donations to sponsor the Anchor of Hope Parents' Night Out program as it sees fit to further its mission and principles.

Signature

(By entering my name in the above box I signify it as my legal signature)

Anchor of Hope Foundation, Inc.  
41 West Johnston Street  
Forsyth, GA 31029  
[pno@anchorofhopefoundation.org](mailto:pno@anchorofhopefoundation.org)  
Phone: (478) 994-0438  
Fax: (478) 994-0439

**Once we have received your registration form we will send you an e-mail to confirm your registration.**

All sponsorships are tax deductible to the fullest extent allowed by law.

In recognition of your sponsorship, we will list your name or logo in reference to the month you sponsor in our monthly e-newsletter and on the Parents' Night Out page of our website.