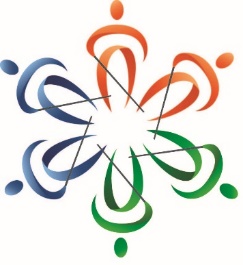
**** NATIONAL FEDERATION

OF THE BLIND **SPONSORSHIP**

**DEAFBLIND DIVISION FORM**

****

**Name:** Click here to enter text.

**Street Address:** Click here to enter text.

**City, State, Zip:** Click here to enter text.

**Phone:** Click here to enter text. **This is:  Voice  VP  Text**

**E-mail:** Click here to enter text.

**Company name, organization or foundation:**Click here to enter text.

**Website address:** Click here to enter text.

**Please select the type of sponsorship**

**Platinum Sponsor: $1,500 and up**

**Gold Sponsor: $1,000 - $1,499**

**Silver Sponsor: $450 - $999**

**Bronze Sponsor: up to $499**

**Amount of Sponsorship** Click here to enter text.

**Donation** Click here to enter text.

**Total Enclosed** Click here to enter text.

**Make your check, money order or bank check payable to:**

**National Federation of the Blind DeafBlind Division**

***Please do not send cash!***

**Send your completed sponsorship application and/or donations to:**

**Jonathan Goodman 504 West Stafford Ave. Laurel Springs, NJ 08021**

***For Division Use Only***: Date ReceivedClick here to enter text. Amount Received Click here to enter text.