**** 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.