



Artistic Dreams Foundation Sponsor Form

Date: _____

Sponsor Name: _____

Business Name: _____

Address: _____

Phone Number: () _____

Email: _____

Website Address: _____

Do you want to be featured in our Sponsor section after donation? _____

Briefly describe your services/business

What would you be able to donate/sponsor?

Value of Donation: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date received: _____ Date reviewed: _____