



SPONSOR SIGN-UP FORM

Ministry Sponsorship Opportunities

Thank you for considering becoming a valued sponsor of our ministry. Your support plays a crucial role in helping us carry out our mission and make a positive impact in the community. Please complete the following form to choose your sponsorship level and provide your details.

Sponsor Information:

- Sponsor Name:

- Business Name:

- Business Address:

- City: _____ State: _____

- ZIP Code: _____

- Telephone: _____

- Email: _____

Sponsorship Level:

Please select your desired sponsorship level:

- \$250.00 - Business name listed on our website as a sponsor.
- \$500.00 - Business logo displayed on our website with a link to your business site or social media.

Form of Payment:

- Check (Please make payable to: Lamp of Hope Ministries)
- Credit Card (Please fill out the following information):
 - Card Number: _____



- Expiration Date: _____
- CVV/CVC Code: _____ (3-digit code on the back of your card)
- Cardholder Name:

- Billing Address (if different from above):

- City: _____ State: _____
- ZIP Code: _____

Authorization and Agreement:

I, the undersigned, agree to sponsor Lamp of Hope Ministries at the chosen sponsorship level. I understand that my sponsorship will contribute to the ministry's initiatives and outreach programs. I hereby authorize the ministry to display my business information on their website as outlined in the chosen sponsorship level.

Signature: _____

Date: _____

Please return this form along with your sponsorship payment via email to sponsors@lampofhope.net or by mail to:

Lamp of Hope Ministries

2921 S. Orlando Dr,
Ste. 210,
Sanford, FL 32773

For any inquiries or assistance, please contact us at:
sponsors@lampofhope.net

Thank you for your generous support and partnership. We greatly appreciate your contribution to our ministry's mission.