

Letter of Sponsorship

I want to be a Sponsor a

\$1,000 HOPE Circle Partner

2 complimentary tickets, your company's name/logo showcased and advertised as a primary event sponsor on all publicity materials and press releases

Name: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Telephone #: _____ Fax #: _____

(return form & donation to)

WellSpring Center for Hope, P.O. Box 368800, Chicago, IL 60636

Tel #: 773-723-2119 Fax #: 773-846-8983

E-mail #: enelson_wellspring@yahoo.com