



Sponsorship Form

Orak Shrine Motor Patrol Sponsorship Form

Sponsor Information: _____

- **Name/Business Name:** _____
- **Contact Person:** _____
- **Address:** _____
- **City, State, ZIP Code:** _____
- **Phone Number:** _____
- **Email Address:** _____

Sponsorship Levels:

- **Platinum Sponsor - \$1,000**
-
- **Gold Sponsor - \$500**
-
- **Silver Sponsor - \$250**
-
- **Bronze Sponsor - \$100**

Custom Donation:

- I would like to support the Orak Shrine Motor Patrol with a donation of \$_____.

Payment Information:

- Please make checks payable to: **Orak Shrine Motor Patrol**
- Mail this form and payment to: **Orak Shrine Motor Patrol**
3848 Frontage Rd,
Michigan City, IN 46360

Thank you for your support!