



## 2018 Sponsorship Form

**Business Name:**

**Address:**

**City:**

**Contact Name:**

**Phone:**

**e-mail:**

**Company Web Address:**

**Name to Display on Banner and in Program:**

Please email artwork/logo to: [ml4hcbb@gmail.com](mailto:ml4hcbb@gmail.com)

Make Check payable to: [The Miracle League For Highlands County](#)

Return this form and your check to: [P.O. Box 671, Lake Placid, FL 33852](#)

# THANK YOU FOR YOUR SUPPORT!

*Because Every individual Deserves a Chance to Play Baseballl....*

We are a 501(c3) Florida Non-Profit Corporation