

MICHIGAN COUNCIL OF THE BLIND AND VISUALLY IMPAIRED
2018 CONVENTION SPONSORSHIP FORM

Return Form to:

Charis Austin
2426 Thornwood, SW
Wyoming, MI 49519
(616) 532-4737
Charis533@gmail.com

Name of Individual/Company:

Contact Person:

Address:

Phone:

Type of Donation:

Amount of Donation: \$

Sponsor Level:

I will be there for lunch Friday afternoon.

I do want to be interviewed on MCBVI Radio.

I do not want to be interviewed on MCBVI Radio.

Type of Payment:

Check

Credit Card. If you want to pay by credit card, I will contact you to make your payment.

PayPal: Payments made through PayPal should be sent to charis533@gmail.com.