Corporate Sponsorship Form

Company Information

Company Name: _____

Contact Name: _____

Email: _____ Phone: _____

Angel Relief Grant Options

$4,080 - Supports a family for a full year

$2,040 - Supports a family for 6 months

$1,020 - Supports a family for 3 months

$340/month - Supports a family for a month

Select Sponsorship Option

☐ $4,080 ☐ $2,040 ☐ $1,020 ☐ $340 ☐ Annual Gift $_____

Select Payment Term

☐ Monthly ☐ Quarterly ☐ Annually ☐ In Full

Payment Preference

☐ Check - Please make check payable to Christy's Angels and mail to: _____

☐ Online Payment (Venmo: _____ PayPal: _____)

☐ Invoice Requested

Signature: _____ Date: _____

Thank you for supporting families through Christy's Angels.