



LIFT LINE

2008 LIFT LINE SPONSORSHIP PROGRAM

Yes, We would like to support Community Bridges Lift Line Program. We would like to make a gift to support this valuable program for seniors and disabled residents.

Name of Sponsor: _____

Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

We would like to make a gift in the following amount:

- \$1,500 Vehicle Sponsor
- \$1,000
- \$500
- Other \$ _____

- Enclosed is a check made to Community Bridges Lift Line
- Please send me an invoice for the above amount
- Please charge this to our company credit card, information is below

MasterCard VISA AMEX Card # _____ Exp. Date _____

Cardholder Name: _____

Cardholder Signature: _____ Amount: \$ _____

Contribution – For a gift of \$1,500 or more, the sponsor's logo will be placed on one of our large capacity vans for a period of one year.

Signature: _____ Date: _____

Signed by (please print): _____