

SPONSOR FORM

Sponsorship Levels

Title Sponsor: \$1,000

Supporting Sponsor: \$500

In-Kind Donation: _____

I can't attend, but enclosed is my donation of \$ _____

Contact Information

Organization Name: _____

Organization Address: _____

Primary Contact: _____

Phone: _____ Email: _____

Payment Information (choose one)

A check made payable to The Mediation Center is enclosed.

Credit Card Number: _____

Expiration Date: _____ CID: _____

Name on Card: _____

Billing Address for Card: _____

Please invoice our organization.

Please return this form to Executive Director Jill Cheeks at
jcheeks@MediationSavannah.com or
5105 Paulsen Street, Suite 125D, Savannah, Georgia 31405
Mediation Center of the Coastal Empire Tax ID # 58-1683719



Contact: Dr. Chiquetta Thompson

Email: cthompson@mediationsavannah.com

Address: 5105 Paulsen St # 125D, Savannah, GA 31405

Website: mediationsavannah.com