

GALS Sponsorship Agreement

CELEBRATION OF LIFE 2025

Short Form Sponsorship Agreement

This agreement is between GALS Foundation, Inc. and:

SPONSOR INFORMATION:

Company/Organization: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

SPONSORSHIP LEVEL:

☐ Presenting (\$10,000)

☐ Champion (\$5,000)

☐ Advocate (\$2,500)

☐ Friend (\$500)

PAYMENT INFORMATION:

Amount: \$_____

Payment Method: _____

AGREEMENT:

Sponsor agrees to provide the stated sponsorship amount
in support of Celebration of Life 2025.

Sponsor Signature: _____ Date: _____

GALS Foundation Rep: _____ Date: _____

GALS Foundation, Inc. - 501(c)(3) Nonprofit

Contact: Gals2013@aol.com