

# 2019 Calendar Raffle Sponsorship Form

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Number of sponsorships requested: \_\_\_\_\_ (\$100 per slot)  
*(Ex: 6 slots = \$600)*

Month(s) you would like your sponsorship featured:

\_\_\_\_\_  
*(We will do the best we can to accommodate any requests.)*

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Best time to contact: \_\_\_\_\_

## **Please check the appropriate box:**

Use last year's logo.

Use **NEW** logo. I will contact Angie at  
[atichenor@handishop.org](mailto:atichenor@handishop.org) with logo

All checks may be made to: **'Handishop Industries, Inc.'**

Please send check and order form to:

**Handishop Industries  
1411 North Superior Ave.  
Tomah, WI 54660**

***-Order form due September 7th, 2018-***

**THANK YOU FOR YOUR SUPPORT!!**