



**WIN 15-YEARS ANNIVERSARY EVENT
SPONSORSHIP CHECK PAYMENT**

SPONSOR INFORMATION

Business/Organization Name: _____

Primary Contact Name: _____

Title: _____

Address: _____

Phone Number: _____

Email Address: _____

PAYMENT INFORMATION

Total Sponsorship Amount: \$_____

CHECK PAYMENT INSTRUCTIONS

Please make checks payable to: Southeast Michigan Community Alliance, Inc.

Memo Line (Required):

Please include "Event Sponsorship – 30th Anniversary" in the memo line.

Mail Check To:

**SEMCA
25363 Eureka Rd
Taylor, MI 48180**

Please include a copy of this form with your check.

Questions: For questions regarding sponsorship check payment, email fiscal@semca.org.