

Sponsorship Form

Sponsor Name: _____

Sponsor Level: _____

Address: _____

Telephone: _____

Fax: _____

E-mail _____

Contact Person: _____

***Please make checks payable to: Miracle League of San Antonio**

***Mail completed form and check to:**

**Miracle League of San Antonio
926 Chulie
San Antonio, TX 78216**

We will contact you after receiving your application.