



PARTNERSHIP FORM

Thank you for your partnership! Your support is truly life-saving. We promise to make you proud to be a Partner with Angels in Disguise!

Louisville, KY

COMPANY NAME:		
SPONSORSHIP AMOUNT:		
CONTACT NAME:		
EMAIL:	_ PHONE:	
MAILING ADDRESS:		
Are you registering a golf team? Yes with this form. If not, please email names and e		e include the names of players and emails uise.net as soon as possible.)
Are you attending the Gala for the Ange	els? Yes No	
If you are looking to in high-resolution file to Sara@c	nclude your company's logo, angelsindisguise.net no later	
	GALA FOR THE ANGELS	
2019/ AAA	JULY	21 ST E, FOOT GOLF & POOL PARTY
FOR THE /Ingels CELEBRATING DOWN SYNDROME	& JUI	Y 22 nd
Jown Syn	F O R E	WOODHAVEN COUNTRY CLUB