

**2022 Equality Ohio Bulletin
Corporate Sponsorship Form**

**EQUALITY
OHIO**

SPONSOR CONTACT INFORMATION

Sponsor Listed As _____

Main Contact _____

Main Contact Email _____

Address _____

City _____ **State** _____ **Zipcode** _____

Website _____

I would like to support the bulletin at \$500/month

I would like to support the bulletin at \$250/month

PAYMENT

Sponsor Name: _____

Payment by check: Please PRINT, SIGN and RETURN this completed form with your check made payable to Equality Ohio Education Fund to:

Equality Ohio Education Fund
Attn: Siobhan Boyd-Nelson
370 S. 5th Street Columbus, Ohio 43215

Invoice request:

Please provide organization/company name and purchase order number

Credit Card:

American Express

Visa/Mastercard

Discover

Card Number: _____

CVC: _____ **Expiration date:** _____

Signature: _____