

2022 Equality Ohio Legal Clinic Corporate Sponsorship Form



SPONSOR CONTACT INFORMATION

Sponsor Listed As _____

Main Contact _____

Main Contact Email _____

Address _____

City _____ State _____ Zipcode _____

Website _____

- We would like to sponsor 1 legal clinic fellow for one semester
- We would like to sponsor 1 social work intern for one semester
- We would like to sponsor 20 pro bono legal services

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: _____