



2026 Sponsorship Form

Contact Information

Name:

Company:

Address:

City:

State:

Zip:

Phone:

Email:

Ticket Contact

Name:

Phone:

Email:

Logo

Please provide a high resolution, color logo, in .eps form asap.

Commitment \$2,200

***Upon receipt of this form, the office will send an invoice payable by check or credit card. Please make checks payable to RMA West Michigan: PO Box 1178 Grand Rapids, MI 49501. Should you prefer credit, please provide the details requested below.*

Credit Card Number:

Security Code:

Expiration Date:

Name on Credit Card:

Billing Address:

Signature: