



2019 Community Service Days Sponsorship Request Form

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: Day: _____ Night: _____

CONTACT PERSON: _____

TITLE: _____ E-MAIL: _____

TYPE OF BUSINESS/ORGANIZATION: _____

I have enclosed payment for the Community Service Days sponsorship.

Sponsorship Level: \$250 \$500 \$2500

Payment Amount: \$ _____ Cash Check Credit Card (Info below)

I am interested in Community Service Days, but please call me with more information.

SIGNATURE: _____ DATE: _____

Return Request Forms via:
MAIL OR IN PERSON: Agoura Hills Recreation & Event Center
c/o Community Service Days Sponsorship
29900 Ladyface Court, Agoura Hills, CA 91301
FAX: (818) 597-7365 or EMAIL: nnewkirk@ci.agoura-hills.ca.us
Please make checks payable to: City of Agoura Hills

Credit Card #: _____ Exp. Date: _____ 3 Digit Security Code: _____

Cardholder's Name: _____ Cardholder's Phone Number: _____

Cardholder's Address Same as above or: _____