



CORPORATE SPONSOR FORM (Please print)

Mail to: LAAN
P.O. Box 445
Port Barre, LA. 70577

DATE: _____

CORPORATION NAME: _____

CONTACT NAME: _____
(First) (Middle Initial) (Last)

ADDRESS: _____
(Street or PO Box) (City) (State)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

WOULD YOU LIKE TO RECEIVE UPDATES AND INFORMATION FROM LAAN?
_____ Yes _____ No

PREFERRED METHOD OF CONTACT: (Check one)
_____ Mail _____ Email _____ Phone _____ Text

Can we use your corporate name and logo in advertisements and fundraising? This could take the form of mailings, email, printed material or our website or other forms of advertisement?
_____ Yes _____ No _____
_____ Contact us for per-instance permission.

- Corporate: \$500.00

Please make checks payable to: Louisiana AIDS Advocacy Network Inc.