



**Non-Profit 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 Non-profit's 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.*