

LIBRARY SHELF SPONSORSHIP REQUEST FORM
\$100.00 per Shelf

Date: _____

Sponsorship Requested By: _____

Shelf Sponsorship Name(s):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Number of shelves requested: _____

Total Amount Due: \$ _____

Total Amount Collected: \$ _____ cash ___ check ___

Collected by: _____

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