

Broussard Chamber Foundation

Donor/Sponsorship Form

Donation/Sponsor Name on Website/Social Media: _____

Name of Business : (if applicable) _____

Contact Person: _____ Title: _____

Physical Address: _____

Check if you receive mail at your physical address

Mailing Address: _____

City/State/Zip Code: _____

Phone Number: (for office use only) _____ Cell : (for office use only) _____

E-Mail Address: (for office use only) _____

Donation Sponsorship (please check one) Dollar Amount \$ _____

Check if you wish to receive a receipt for tax purposes _____

Organization Or Program That You Are Contributing To: (please check one):

- Broussard Chamber Foundation _____
- Brent Henley Youth Leadership Program _____
 - If sponsorship, which level sponsorship is requested: _____
- Lemonade Day _____
- Other _____

*Please mail this form and check, made payable to: **Broussard Chamber Foundation***

Mission Statement

“To serve as a catalyst for economic and cultural growth, resulting in the creation of a vibrant and prosperous community.”

For Office Use Only			
Date Received:	Payment Method:	Check #:	Credit Card Cash
Received by:	Other:		
QuickBooks	Receipt Issued	Website Listing	Founding Member

 Website: www.broussardchamberfoundation.org • Email: Foundation@broussardchamber.net

• Phone: (337) 837-6001

108 Broad View Drive • Broussard, LA 70518