

# AUGUSTA POWER FOUNDATION, INC.



## SPONSORSHIP FORM (Team Name: TEAM POWER)

Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Name That You Wish to Appear on T-Shirt/"Raising the Bar":

\_\_\_\_\_

**Please make Checks Payable to:**

**Augusta Power Foundation, Inc.**

**The Augusta Power Tax ID number is 20-4798031 Thank you for your support!**

**Attach your check to this form and specify what team or age group this sponsorship/donation is for to:**

Gregory Williams, Program Director

Augusta Power Foundation, Inc.

P.O. Box 1866, Evans, GA 30809

Phone: (706) 533-6852

Email: [TEAMPOWER@AUGUSTAPOWDER.ORG](mailto:TEAMPOWER@AUGUSTAPOWDER.ORG)

**AUGUSTA POWER FOUNDATION, INC.**



**Corporate Sponsorship Sign-Up Form:**

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Team Power Age Group Sponsorship: \_\_\_\_\_

Person Responsible for Helping to Obtain Sponsorship: \_\_\_\_\_

Please Specify Proper Sponsorship Level: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please mail this form to:  
Team Power AAU Basketball, 1827 Killingsworth Road, Augusta, GA 30904**