# Deaf Awareness Week Website Sponsor



## Thank you for supporting Deaf Awareness Week 2019!

**Please indicate below your sponsorship package with an ‘x’**

|  |  |
| --- | --- |
| Sponsor Package 1@ £1000 |  |
| Sponsor Package 2 |  |
| Please state number of Themes@ £100 per theme 1 – 7 available |

|  |
| --- |
|  |

 |

Please complete the details below where applicable and return this form to Clare Long at c.long@deafcouncil.org.uk

## Contact Information - (Person authorizing sponsorship)

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address |  |
| Postcode |  |
| Work Phone |  |
| E-Mail Address |  |

## Please choose method of payment:

|  |  |
| --- | --- |
| BACS |  |
| Cheque |  |

## Please provide invoice details here if different from above:

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address |  |
| Postcode |  |
| Purchase order No. |  |
| Your reference |  |

## Information to be displayed on the DAW website:

|  |  |
| --- | --- |
| Organisation Name: |  |
| Logo (jpeg format) |  |
| Website address | http://www. |

## Thank you for completing this application form.

Once received we will acknowledge and gather any further details required.

## Thank you!