



We are pleased to support Elevate Branson's initiative to create a tiny home community solution for safe, secure, and affordable housing that empowers our neighbors to reach their full potential.

The total gift commitment is \$	t	o sponsor			·
Contact Name:					
Organization:			Plea	ase indicate if thi	s gift is from a:
Address:				Individual	
				Joint with Spous	se
Email:				Corporation	
Phone:				Group	
				Other:	
x					
SIGNATURE	DATE				
PRINTED NAME	TITLE				
Enclosed is the initial payment: \$					
The balance of \$	will be paid (chec	k one)	annually _	quarterly	monthly
beginning (date)		and ending (d	ate)		
Other payment schedule:					
Please make checks payable to El All gifts to Elevate Branson are ta Missouri nonprofit, 501(c)3 corpor	x deductible to the full				ne.
This form and any questions should be directed to:		Bryan Stallings, Executive Director Elevate Branson 1440 State Highway 248 Suite Q-442 Branson, MO 65616 417.294.1300 Direct Line Bryan.Stallings@ElevateBranson.org			



For More Information About Sponsorships, Contact Bryan at 417.294.1300 or Bryan.Stallings@ElevateBranson.org