



## Sponsorship Form

Individual or business name as you would like it to be listed in the program:

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Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Program Ad Contact \_\_\_\_\_ Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

**Call Michelle 518-885-0091 x 119 with questions.**

**Please send your ad to: [jvaldez@vchcn.org](mailto:jvaldez@vchcn.org) (PDF format preferred)**

### Payment information:

Sponsorship Level \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Please make checks payable and send to:**

VCHC

20 Prospect St Building 2

Suite 313

Ballston Spa, NY 12020

*We are extremely grateful for your support!*



**VCHC** VETERANS & COMMUNITY  
HOUSING COALITION



**SERVING VETERANS IN SARATOGA, WARREN, WASHINGTON, FULTON, MONTGOMERY, SCHOHARIE & SCHENECTADY COUNTIES**  
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