



# Licking River Outfitters, Inc.

## PARTNERSHIP AGREEMENT

To Become a Licking River Outfitters, Inc. Partner, fill out this form and return it to Licking River Outfitters, Inc., ATTN: Robin Gassett, 784 Moores Mill Road, Cynthiana, KY 41031. Thank you for your kind generosity.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

### My Partnership Gift is in the Following Category: (please check one)

**Cash Donation (for amounts less than \$100)** Amount: \$ \_\_\_\_\_

**Sponsorship** Amount: \$ \_\_\_\_\_

Level:  Friend (\$100 or more)  Amateur (\$500 or more)  Master (\$1,000 or more)

Champion (\$5,000 or more)  Media (Radio, TV, Internet)

**Memorial/Honorary**  In Memory  In Honor Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Hometown: \_\_\_\_\_

Personal Message: \_\_\_\_\_

#### Send Gift Notification To:

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

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

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

**In-Kind Donation** of Equipment, Goods, Services: (Please Specify)

Description: \_\_\_\_\_

Market Value \$ \_\_\_\_\_

#### PAYMENT INSTRUCTIONS:

Check or Money Order is Enclosed

(Note: Payable to Licking River Outfitters, Inc.)

Amount: \$ \_\_\_\_\_

#### PUBLIC RELATIONS RELEASE:

I (check one) Would [  ] Would Not [  ] Like for My Name/Company Name to be Publicized as a Donor and/or Sponsor.

*Thank you for your generous support!*