



Pensacola Recreational Fisherman's Association

KIDS' FISHING CLINIC

SPONSORSHIP DONATION RECEIPT

Date: _____

Company/Individual Name: _____

Billing Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Contact Person: _____

Authorized Signature

Donation Collected By

Please Print Name

Donation: _____

Paid in Full or Bill: _____

Please provide a digital copy, PDF preferred, of your logo for the supporters' banner. Please e-mail logos to: walkost@aol.com

All supporters will be listed on the back of the T-shirt.

Please make checks payable to: P.R.F.A.

Mail to: 7233 Kingfisher Cove, Navarre FL 32566