



‘Friends of TVD’ Sponsorship Application:

Point of Contact:

Date:

Company/Organization Name:

Address:

Short Description of Services: (3-5 sentences)

Annual Fee: \$1,000.00

Paid Date:

Posting Date:

Is your organization interested in helping the TVD/Veteran community partners with any of the following activities:

Volunteering

Mentorship

Employment

Event Sponsorship

