

PCL Center -School District of Belleville Sponsorship Form



The PCL Center thanks you for your sponsorship. Please complete and return this form with payment to School District of Belleville, Attn: PCL Center, 625 W Church Street, Belleville, WI 53508.

Business/Organization: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Donation:

Corporate Level \$ _____

Event Level \$ _____

Professional Training Level \$ _____

Luncheon Level \$ _____

Individual Gift Level \$ _____

Non-designated \$ _____

Total \$ _____

Check Enclosed \$ _____
(payable to School District of Belleville)

Invoice my Purchase Order # _____
(PO enclosed)

Return this form and payment to:

School District of Belleville
Attn: PCL Center
625 W Church Street
Belleville, WI 53508