SOUL Camp

Community Partnership & Sponsorship Form

Individual/Business Name:_____

Address: _____

City:_____ **State:**_____ **Zip:**_____

Contact Person(s)_____

Phone:_____

E-mail:_____

Corporate Sponsorship Amount

Any amount helps! Please donate what you feel you can contribute to assist our program and the success of our future leaders at UL Lafayette.

Donation Amount: $_____

If donation should be credited to a SOUL Camp Staff Member, list their name: _____

We accept checks and money orders. Please make payable to UL Lafayette.

Donation Details

Please return this form to:

University of Louisiana at Lafayette
ATTN: Kyle Sarver
P.O. Box 43685
Lafayette, LA 70504

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