The Italian Heritage & Hope Foundation

info@ihhfoundation.org
website: IHHFoundation.org

Business Sponsorship Application

Date Submitted: _____ Date Approved: _____ Sponsorship Fee: $ _____

Applicant's Name: _____

Business Sponsorship Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____ Employer: _____ Business Phone: _____

US Citizen: __ *Yes* __ *No* Italian by Ancestry: __ *Yes* __ *No* Italian by Marriage __ *Yes* __ *No*

References

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Phone: _____ City: _____ State: _____ Phone: _____

Sponsors

Name: _____ Name: _____

I hereby apply for membership and agree to abide by the "The Italian Heritage and Hope Foundation" pledge and By-Laws.

Applicants Signature: _____ Date: _____

Note* Please submit along with this application, Business Artwork or Business card to be used for our website.

By Sharing your phone number and/or email address you consent to receive emails, calls and texts from the Foundation.

You may opt-out at any time.