



MOORESVILLE

CHRISTIAN ACADEMY

Sponsorship Advertising Agreement

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____

Printed Name: _____ Date: _____

Support levels and amounts: _____

Total Amount: _____ Check#: _____

Authorized Signature: _____

Please make checks payable to:

Mooresville Christian Academy
4271 E. State Road 144
Mooresville, IN 46158

Please submit your logo to info@mooresvillechristian.org
Acceptable Forms **in order of preference*: Vector, .PNG, .JPG.