



Sponsorship

ACT-SO is a NAACP program that receives state-wide and local support from the generosity of people like you who value our collective (volunteer) work. You may donate either as an individual or as an affiliate with schools, community organizations, churches, foundations, and/or private corporations.

First Name: _____ Last Name: _____

Cell Phone: _____ Email: _____

Home Address: _____

Company/Business Name: _____

Business Address: _____

I/We would like to support the Beaver County NAACP ACT-SO program by making a donation.

_____ \$25.00 _____ \$50.00 _____ \$100.00 _____ \$250.00

_____ \$500.00 _____ \$1,000.00 _____ Other: _____

I/We would like to support the Beaver County NAACP ACT-SO program by making an in-kind donation. We would like to donate: _____

We are always looking for wonderful volunteers so if you know of someone that would also be a good judge, coach, mentor or sponsor, please let us know or have them contact us.

Mail Form and make checks payable to:

Beaver County NAACP

Attn: ACT-SO Program

524 Franklin Ave. Aliquippa, Pa. 15001

Visit us at: www.beavercountynaacp.org

Contact Carter: SGVYC@hotmail.com