



Classroom Sponsorship Form

Please accept my classroom sponsorship of:

\$250 \$100 \$50 Other: \$ _____

Member newspaper name: _____

Method of payment:

Check payable to FPES enclosed
 VISA MasterCard American Express Discover

Acct # _____ Exp. Date _____

Signature _____

Your information:

Name _____

Address _____

City _____ ST _____ ZIP _____

Phone _____ Email _____

Return completed form to: Florida Press Educational Services, 336 E College Ave, Ste 203, Tallahassee, FL 32301