

2026 Legacy of Hope Impact Banquet



Table Sponsorship Form

Business Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Table Sponsorship: \$500 per table

- Name/Logo will be advertised on various marketing materials and on website
- Table seats 10 people

I would like to sponsor _____ table(s) for a total of \$_____ at the 2026 Legacy of Hope Banquet Impact Banquet on Thursday, October 22nd, 2026.

- ☐ My check will be mailed to
Downtown Ministries
Attn: Legacy of Hope Committee
250 N. Milledge Ave.
Athens, GA 30601

- ☐ Payment was submitted online under the name of _____.



- ☐ I would like my (circle one) name / logo listed on marketing materials and acknowledgements.

*Please email your highest resolution PNG/PDF logo to admin@downtownministries.org

Please make your tax-deductible check payable to Downtown Ministries marked "2026 Legacy of Hope". You will receive a tax receipt.

www.downtownministries.org