



Sponsor Form for SCAT Program

I will sponsor a Swinging with Creative Arts Therapies participant for \$100

My donation to support Swinging with Creative Arts Therapies \$ _____

PLEASE RESPOND BY September 30, 2018
Make Checks Payable to: Glass City Swing Band (GCSB) and mail to:
GCSB, 818 Lowry Avenue, Jeanette, PA 15644

Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Email: _____ Phone: _____

Amount enclosed: _____

As a sponsor of a participant, I give my permission for the family to know my identity

As a donor, I give my permission to be listed among the donors