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| Organization Name (as it appears on W-9)Organization Address, City, State, Zip code Organization Phone Number | Logo placeholder |

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| Enter INvoice Number | Date: Click or tap to enter a date. |

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| Bill To  | INSTRUCTIONS  |
| SMUD6301 S StreetMail Stop A127Sacramento, CA 95817ATTN: | Pay upon receipt  |

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| --- | --- | --- |
| Description |  |  Total  |
| SMUD sponsorship Event/activity name + date |  | $Enter Sponsorship Amount  |
| Sponsorship benefits: |  |  |
| Type Benefit Here |  |  |
| Type Benefit Here |  |  |
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| total Due | Enter sponsorship amount  |