

# Sponsor Form

**We wish to support the Indianapolis Legal Aid Society's Roast of Bob Grand**  
Company Name: \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_

\_\_\_ Please charge \$ \_\_\_\_\_ to  VISA  MasterCard  Am Ex Card # Exp  
CVC

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

## Guest Information

Please list guest(s) below or email names to [lisah@indylas.org](mailto:lisah@indylas.org)

**Entree #1**

**Entree #2**

**Entree #3 (Vegan/Vegetarian)**

Guest 1:	_____	Entree # _____
Guest 2:	_____	Entree # _____
Guest 3:	_____	Entree # _____
Guest 4:	_____	Entree # _____
Guest 5:	_____	Entree # _____
Guest 6:	_____	Entree # _____
Guest 7:	_____	Entree # _____
Guest 8:	_____	Entree # _____
Guest 9:	_____	Entree # _____
Guest 10:	_____	Entree # _____

**TO BE LISTED ON THE WEBSITE & IN THE PROGRAM, PLEASE RETURN THIS FORM  
BY August 15, 2025**

Please return to:  
Indianapolis Legal Aid Society  
615 N Alabama St., Suite 122  
Indianapolis, IN 46204

For additional information, contact:  
Lisa Harding, [lisah@indylas.org](mailto:lisah@indylas.org), (317) 217-5344