



Stakeholder Application Form

Open Door Pride's mission is to affirm our community's diversity through inclusion for all.

Organization Name: _____

Organization Representative: _____

Address: _____

Phone Number: _____

Website: _____

Donation Amount or In-Kind Donation:

Please make checks payable to Open Door Pride.

Would you like to be publicly recognized for your contribution?

Yes ___ No ___

How would you like your contribution to be recognized?

___ Facebook mention

___ Mention on our website, opendoorpride.org

___ Two minutes live on stage during the event

___ Other

Describe:

Mail to:

Open Door Pride

P.O. Box 792

Sturgeon Bay, WI 54235

opendoorpride@gmail.com