



# SPONSORSHIP COMMITMENT FORM

## CONTACT INFORMATION

Company Name \_\_\_\_\_

Contact Name & Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

## BILLING INFORMATION (IF DIFFERENT FROM ABOVE)

Contact Name & Title \_\_\_\_\_

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

## SPONSORSHIP LEVEL

- Platinum \$5,000     Silver \$750     Champ \$250     Other \$\_\_\_\_\_
- Gold \$3,000     Bronze \$500     Well Wisher \$100
- In-kind contribution description \_\_\_\_\_
- Fair Market Value (estimate) \_\_\_\_\_

## PAYMENT

- Check enclosed     Invoice me     Credit card (Circle One): Visa    Mastercard    AmEx    Discover

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_