



2023 Sponsor Commitment Form (PLEASE PRINT)

Organization Name: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Ext: _____ Fax Number: _____

Email Address: _____ Website: _____

Sponsorship Level	Quantity	Price Each	Total
Senior Sponsor		\$5,000	\$
Junior Sponsor		\$2,500	\$
Sophomore Sponsor		\$1,000	\$
Freshman Sponsor		\$500	\$
We would like to make a donation:			\$
Grand Total			\$

Please charge my:

☐ Personal Credit Card ☐ Business Credit Card

☐ Visa ☐ Mastercard

☐ Discover ☐ American Express

Card Number _____ Expiration Date _____

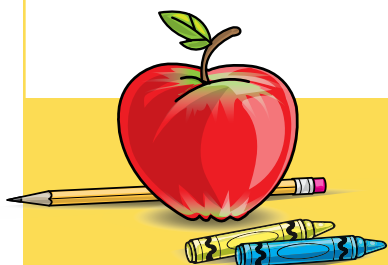
Name on Card _____ Security Code _____

Enclosed is my check for \$ _____

Please make checks payable to **The Children's Center**

Signature _____

Please submit form and logo to Adrienne Pumbo at apolumbo@thechildrenscenter.com.
Logo file must be vector art .EPS or high resolution .JPG or .TIF file, 300 dpi or greater.



Your sponsorship is tax-deductible.
A tax receipt will be mailed to you upon receipt of payment.

Commitment Deadline: Monday, July 10, 2023

