



Sponsorship Commitment Form

Commitment Deadline: Monday, October 13

ORGANIZATION NAME: _____

CONTACT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EXT: _____ FAX NUMBER: _____

EMAIL: _____

WEBSITE: _____

Sponsorship Level	Quantity	Price Each	Total
Gold Sponsor		\$5,000	\$
Silver Sponsor		\$2,500	\$
Bronze Sponsor		\$1,000	\$
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: _____

BILLING ZIP CODE: _____ SIGNATURE: _____

ENCLOSED IS MY CHECK FOR \$ _____

Please submit form and logo to **Angela Polk at apolk@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.