

## Sponsor Information

Company Name (please write it exactly as it should appear on all print materials)

\_\_\_\_\_

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

\_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

Contact for Corporate Logo/Advertisement

Name: \_\_\_\_\_ Email: \_\_\_\_\_

## Sponsorship Level/Payment Information

Participation Level:

- |   |   |
|---|---|
| <input type="checkbox"/> Presenting \$20,000 – Secured! | <input type="checkbox"/> Creating Community \$1,500 |
| <input type="checkbox"/> Changing Lives \$10,000        | <input type="checkbox"/> New Beginnings \$750       |
| <input type="checkbox"/> Building Futures \$5,000       | <input type="checkbox"/> Helping Hands \$500        |
| <input type="checkbox"/> Providing Hope \$2,500         |   |

Please enclose a check OR

INVOICE ME

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Send completed form to address below or email to Rita DiBello or Sara Pomeroy at [RegisterAFP@gmail.com](mailto:RegisterAFP@gmail.com)

Please make checks payable to *AFP Greater Cincinnati Chapter* and remit to:

AFP Greater Cincinnati Chapter

P.O. Box 31206

Cincinnati, OH 45231