

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 \$15,000 | <input type="checkbox"/> Creating Community \$3,000 |
| <input type="checkbox"/> Changing Lives \$10,000 | <input type="checkbox"/> New Beginnings \$1,500 |
| <input type="checkbox"/> Building Futures \$7,500 | <input type="checkbox"/> Helping Hands \$750 |
| <input type="checkbox"/> Providing Hope \$5,000 | |

Please enclose a check OR

INVOICE ME

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Send completed form to address below or email to Register@AFPCincinnati.org.
Please make checks payable to *AFP Greater Cincinnati Chapter* and remit to:
AFP Greater Cincinnati Chapter
P.O. Box 31206
Cincinnati, OH 45231