

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:

- Presenting \$20,000 – **Secured!** Creating Community \$1,500
 Changing Lives \$10,000 New Beginnings \$500
 Building Futures \$5,000
 Providing Hope \$2,500

Please enclose a check OR

INVOICE ME

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Send completed form to address below or email the AFP Admin Team at admin@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