



# **Sponsorship Commitment Form**

*Thank you for considering a partnership with us! Your support helps strengthen our mission and expand the impact of our programs.*

## **Sponsor Information**

Organization/ Individual Name: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Title/Role: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

## **Sponsorship Level Selection**

*Please select your desired sponsorship level from the accompanying list of opportunities.*

Chosen Sponsorship Level: \_\_\_\_\_

Amount Collected: \_\_\_\_\_

## **Recognition Details**

*Please provide the information exactly as you would like it to appear in the event materials and signage.*

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

Logo Submission: ☐ (please email a high-resolution file to [info@communityadulthoodcenter.org](mailto:info@communityadulthoodcenter.org))

## **Payment Information**

Payment Method (please circle):      Check      Credit Card      PayPal

## **Authorization**

*By completing this form, you confirm your commitment to the selected sponsorship level and authorize the organization to recognize your support as outlined.*

Authorized Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you! Your Partnership makes a meaningful difference. We look forward to collaborating with you and celebrating your support throughout the event and beyond!      Please call **(630) 986-1060** for assistance.*