



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@communityadultdaycenter.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.*