



2020 SPONSORSHIP COMMITMENT FORM

Business name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Telephone Number (business): _____ Web address: _____

Email: _____

SPONSORSHIP COMMITMENT LEVEL

- \$1,500 – Gold \$1,000 – Silver \$500 – Bronze \$250 - Friend
- I would like to be a product sponsor for this event. Contact me for specific donations details.

Method of Payment

_____ Enclosed is my sponsorship check in the amount of \$ _____

_____ Charge my credit card (please print clearly)

Card Type: __ VISA __ MasterCard __ Discover __ AMEX

Name on card: _____

Expiration Date: _____ Security Card: _____

Signature: _____

_____ Please send invoice to: _____

We are unable to be a designated sponsor this year but enclosed in our donation of \$ _____

Sponsor Signature: _____ Date: _____

For questions and to send .jpg logo documents, please email sfeyler@sjcme.edu.