

SPONSORSHIP FORM

Please indicate the sponsorship(s) that you or your company/organization desire to partner with the Children's Advocacy Alliance in 2018.

Company/Organization Name _____
Contact Name _____
Contact Address _____
Phone Number & Email _____
Contact Name Signature _____

CORPORATE SPONSOR

Corporate Annual Gift \$10,000

FESTIVAL OF CHAIRS

October 25, 2018

- | | | |
|--------------------------|--------------------|----------|
| <input type="checkbox"/> | Presenting Sponsor | \$10,000 |
| <input type="checkbox"/> | Platinum | \$5,000 |
| <input type="checkbox"/> | Gold | \$1,000 |
| <input type="checkbox"/> | Silver | \$500 |
| <input type="checkbox"/> | Bronze | \$250 |

CUSTOM SPONSORSHIP

We can assist you in customizing a sponsorship that suits you. Please call Leia Smith at (501) 286-3290 to discuss how we can work together.

Invoice me on this date: _____

Enclosed is my check in the amount of \$ _____ (payable to the Children's Advocacy Alliance)

Please charge my credit card as follows: Visa Master card AMEX Discover

Credit Card # _____ Exp. date _____ CVV _____

Name on Card _____

Address _____ Same as Above

Signature _____