



Sponsor Agreement

My signature below indicates our agreement to the terms stated in this proposal.

Company or organization name (as you would like it to appear in print):

Contact Person Name: _____

Title: _____ Department: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

E-mail Address: _____

Signature: _____ Date: _____

Commitment Level

- | | |
|--|--|
| <input type="checkbox"/> Premier Sponsor (\$25,000) | <input type="checkbox"/> Gold Sponsor (\$5,000) |
| <input type="checkbox"/> Silent Auction Sponsor (\$15,000 – 1 available) | <input type="checkbox"/> Punch Line Sponsor (\$2,500) |
| <input type="checkbox"/> VIP Reception Sponsor (\$10,000 – 1 available) | <input type="checkbox"/> Stand Up Sponsor (\$1,000) |
| <input type="checkbox"/> Platinum Sponsor (\$10,000) | <input type="checkbox"/> Comic Relief Sponsor (\$600) |
| <input type="checkbox"/> VIP Limo Ticket Package (\$7,500 – Limited) | <input type="checkbox"/> Limo Swag Bag Sponsor (\$250) |
- ☐ Additional General Tickets \$75 x _____ = \$ _____
- ☐ Add On VIP Packages
- ☐ *VIP Cocktail Package \$50 per ticket (Choose this package to upgrade a general admission ticket to VIP status. MUST have purchased a general admission ticket at full price.) Please add on _____ packages.*
 - ☐ *Meet & Greet Package \$100 per ticket - LIMITED AMOUNT (Choose this package to upgrade a general admission ticket to VIP status AND meet the comedian Tom Papa. MUST have purchased a general admission ticket at full price.) Please add on _____ packages.*

Print deadline for invitation inclusion is Friday, August 17, 2018

Return your sponsor commitment form by Friday, August 17, 2018 and you will be able to select your seats.

Method of Payment

- ☐ Check enclosed (payable to the Crohn's & Colitis Foundation and mailed to address below)
- ☐ Please invoice our company. Payment is due no later than 30 days upon receipt.
- ☐ Charge the following credit card

Type of card: ☐ Visa ☐ MC ☐ AMEX ☐ Discover

Card number: _____

Expiration date: _____ Security code: _____ (three digits on signature strip or four digits above card number)

Name as it appears on card: _____

Signature: _____

Please return this form to Jennifer McCorvey, Development Director:

Mail: 21301 Powerline Road, Suite 301 Boca Raton, FL 33433

Email: jmccorvey@crohnscolitisfoundation.org

Questions: 561-218-2929 Ext.2