comedy night for Crohn's & Colitis

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

- ❑ Presenting Sponsor ($25,000)
- ❑ Silent Auction Sponsor ($15,000 – 1 available)*
- ❑ Official Auto Sponsor ($10,000 – 1 available)*
- ❑ Laugh Out Loud Sponsor ($10,000)
- ❑ Chuckle Sponsor ($5,000)
- ❑ Punch Line Sponsor ($2,500)
- ❑ Stand Up Sponsor ($1,000)
- ❑ Comic Relief ($500)
- ❑ VIP Ticket ($125) *LIMITED AMOUNT*

  # of additional VIP tickets: _____

**while supplies last*

Print deadline for invitation inclusion is Friday, August 18, 2017

"Preferred Seating" Front of house assigned seats based on level and date of commitment.

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