

Event Sponsorship Form

Please complete the form below to become a proud sponsor of our Benefit Gala.

Organization / Individual Name

Contact Person

Email Address

Phone Number

Sponsorship Level

- ☐ Platinum
- ☐ Gold
- ☐ Silver
- ☐ Bronze

Other Amount

Specify amount

Name to be used for recognition (if different)

Comments / Special Instructions

Authorized Signature

Date

YYYY-MM-DD