

MARION SENIOR SERVICES

SPONSORSHIP COMMITMENT FORM



THANK YOU FOR YOUR GIFT OF \$_____ (PLEASE MAKE CHECK PAYABLE TO MARION SENIOR SERVICES)

I WANT TO COMMIT TO A SPONSORSHIP

OTHER

Sponsorship Level Commitment



AMOUNT:

- \$250 \$2000
 \$500 \$5000
 \$1000 \$8000

EVENT:

- Art of Aging
 Wheels 4 Meals
 Other

Yes:

- I would like a tour
 I would like to volunteer
 I would like to be added to your monthly newsletter

DONOR INFORMATION (PLEASE PRINT)

Name : _____

Address : _____

City, State, Zip : _____

Phone : _____

Email : _____

Business/Organization : _____

Address : _____

Phone : _____

Email : _____

IN-KIND DONATION / CONTRIBUTION

Description: _____

Total Estimated Value \$: _____

CREDIT CARD INFORMATION

Credit Card: Visa, Mastercard, Discover, American Express (Circle one)

Credit Card No. _____

Expiration Month/Year _____ CSV (3 digit) _____

Name on card _____

Signature _____ Date _____

PLEDGE / REOCCURING GIFT

One-time Sponsorship
 or
 Recurring gift

Total Amount \$ _____

My initial payment of \$ _____ is enclosed.

please specify amount and frequency (if recurring) of pledge payments below

I would like to make a RECURRING GIFT

Amount and Frequency

Please charge my credit card on the 1st or 15th (circle one) If no selection is made, it will be billed on the 1st.

- \$ _____ monthly
 \$ _____ quarterly
 \$ _____ semi-annually
 \$ _____ annually

Signature

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE FLORIDA DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. CH919



OTHER WAYS TO GIVE: