

MARION SENIOR SERVICES

CORPORATE SPONSOR FORM



I WANT TO COMMIT TO A CORPORATE SPONSORSHIP

OTHER:

Corporate Level Commitments



- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$20,00 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other _____ |

Yes:

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

CONTACT INFORMATION (PLEASE PRINT)

Name : _____

Address : _____

City, State, Zip : _____

Phone : _____

Email : _____

Business/Organization : _____

Address : _____

Phone : _____

Email : _____

PLEDGE / REOCCURRING

Annual Sponsorship
or
Recurring Sponsorship

Total Amount \$ _____

My initial payment of \$ _____ is enclosed.

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

I would like to commit to a reoccurring annual sponsorship

Signature

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 _____

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:



THANK YOU FOR YOUR GENEROSITY