

Sponsorship Agreement Form



Please print all names legibly and exactly as they should appear in all publications.

- Corporation Individual Foundation

Name _____
(as it is to appear in print)

Contact Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone (_____) _____

Email _____

Sponsorship Opportunities

- Presenting Sponsor \$10,000
- Major Sponsor \$5,000
- Supporting Sponsor \$2,500
- Associate Sponsor \$1,000
- Event Sponsor \$500
- Other \$_____

_____ (please specify)

Type of contribution

Sponsorship donation (complete box to the right)

Gift in-kind donation: \$_____

(In-kind donations of food, services, or prizes are greatly appreciated)

Please enclose your check made payable to *AIDS Walk New Haven*

We thank you for this tax-deductible contribution and for your commitment to the fight against HIV/AIDS.

Signature of Donor _____ Date _____

If applicable, please include a copy of your corporate logo for promotional uses.

Mailing address if different from above:

Please sign form and return to:

AIDS Walk New Haven
PO Box 207236
New Haven, CT 06520

We suggest also keeping a copy for your records.