



SPONSORSHIP AGREEMENT FORM

Company or Contact Name: _____

Address: _____

Phone Number: _____ Contact E-Mail: _____

Authorized Signature: _____ Date _____

SPONSORSHIP LEVELS

All Sponsorship packages run for a period of 12 months from the payment date. The number of Annual Sponsorships for any level is not limited.

- Platinum \$10,000 Gold \$5,000 Silver \$2,500
 Bronze \$1,000 Supporter \$500

PAYMENT INFORMATION

- Enclosed is my check for \$_____ Payable to the **Community Foundation of New Jersey**. Please note **Impact 100 Garden State Sponsor** on the memo line.
- I plan to pay by credit card online by visiting the **Sponsor online donation page**.
- I am unable to participate as a Sponsor. Please accept a tax-deductible contribution of \$_____. Supporters of this type will be recognized on our website as "Friends of Impact 100 Garden State".

IMPORTANT DETAILS

Complete and email a copy of this form (and logo, if applicable in high-res JPG format) to: sponsorship@impact100gardenstate.org. Or enclose this form with your check and mail it to the address below:

Impact 100 Garden State
PO Box 2114
Morristown, NJ 07962-2114
Attention: Sponsorship

Thank you in advance for your support!

www.impact100gardenstate.org