

# SPONSOR COMMITMENT FORM

## Corporate Annual Sponsorship Opportunities



Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

### SPONSORSHIP LEVELS FOR 2019

- DIAMOND \$15,000
- PLATINUM \$10,000
- GOLD \$7,500
- SILVER \$5,000
- BRONZE \$2,000

Amount of Check Enclosed: \_\_\_\_\_

### Credit Card Payment

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVS Code \_\_\_\_\_

### Billing Address:

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In-Kind Services of \_\_\_\_\_

Valued at \_\_\_\_\_

Please return this form and payment to:  
CREW Atlanta, P.O. Box 5007, Alpharetta, GA 30323-5007

Please email a .JPEG file of your company logo to: [chapterdirector@crewatlanta.org](mailto:chapterdirector@crewatlanta.org)

For more information please contact [chapterdirector@crewatlanta.org](mailto:chapterdirector@crewatlanta.org)

Please note: Your sponsorship benefits begin in January after timely receipt of your check by no later than January 15th.

# Join our COMMUNITY



# SPONSOR COMMITMENT FORM

## Signature Event Sponsorship Opportunities



Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

### ECONOMIC FORECAST LUNCHEON

- PRESENTING \$10,000
- SPOTLIGHT \$5,000
- PREMIER \$2,500
- POWER \$1,000

### EMPOWERMENT SPEAKER SERIES LUNCHEON

- PRESENTING \$10,000
- SPOTLIGHT \$5,000
- PREMIER \$2,500
- POWER \$1,000

### ANNUAL AWARDS EVENING CELEBRATION

- PRESENTING \$10,000
- SPOTLIGHT \$5,000
- PREMIER \$2,500
- POWER \$1,000

### ANNUAL WINE TASTING & SILENT AUCTION

- PRESENTING \$5,000
- SPOTLIGHT \$2,500
- PREMIER \$1,000
- POWER \$500

### ANNUAL CHARITY GOLF TOURNAMENT

- PRESENTING \$10,000
- SPOTLIGHT LOGO ITEM \$2,500
- GOLF FOURSOME \$2,500
- SPOTLIGHT COCKTAIL PARTY \$1,500
- POWER BREAK STATION \$1,000
- HOLE \$500

Amount of Check Enclosed: \_\_\_\_\_

### Credit Card Payment

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVS Code \_\_\_\_\_

### Billing Address:

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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