

CHANGE THE WORLD



WITH A GIVING HEART

National Philanthropy Day® 2018 Sponsorship Commitment Form

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Sponsorship Levels

Please select one

Event Sponsor
(\$1,000)
(8) tickets for a table

Award Sponsor
(\$500)
(4) tickets

Supporting Sponsor
(\$250)
(2) tickets

Form of Donation: _____ Check enclosed: _____ Please invoice me by: _____

Please return completed form by Friday, September 28 to:

Dawn Robertson, AFP-TCOP Treasurer, P. O. Box 4458, Topeka, KS 66604.

