

# Back to School BAZAAR

## 2024 Sponsor Commitment Form (PLEASE PRINT)

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Sponsorship Level	Quantity	Price Each	Total
Senior Sponsor		\$5,000	\$
Junior Sponsor		\$2,500	\$
Sophomore Sponsor		\$1,000	\$
Freshman Sponsor		\$500	\$
We would like to make a donation:			\$
Grand Total			\$

Please charge my:  Business Credit Card

Personal Credit Card

Mastercard

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Visa

American Express

Name on Card \_\_\_\_\_

Security Code \_\_\_\_\_

Discover

Enclosed is my check for \$ \_\_\_\_\_

Signature \_\_\_\_\_

Please make checks payable to The Children's Center

Please submit form and logo to Alyssa Silletti at [asilletti@thechildrenscenter.com](mailto:asilletti@thechildrenscenter.com).

Logo file must be vector art .EPS or high resolution .JPG or .TIF file, 300 dpi or greater.



Your sponsorship is tax-deductible. A tax receipt will be mailed to you upon receipt of payment.

