



2021-2022 Community Partner Commitment Form

Please check the level of sponsorship at which you would like to participate:

- | | | | |
|---|-----------------|---|-----------------|
| <input type="checkbox"/> Diamond Sponsor | \$8,500 + | <input type="checkbox"/> Silver Sponsor | \$1,500-\$2,999 |
| <input type="checkbox"/> Platinum Sponsor | \$5,000-\$8,499 | <input type="checkbox"/> Bronze Sponsor | \$750-\$1,499 |
| <input type="checkbox"/> Gold Sponsor | \$3,000-\$4,999 | <input type="checkbox"/> Copper Sponsor | \$300-\$749 |

Contact Information

Organization Name: _____
(As it should appear on all marketing, advertising, and program materials.)

Address: _____

City: _____ State: _____

Phone: _____ Email (required): _____

Website (URL): _____

Payment Method

Online Payment

<http://weblink.donorperfect.com/communitypartner>

Check

Check Enclosed?

Yes – Check Number _____

No – Check will be sent by _____

_____ (date)

Please send completed form and check (Payable to Sights for Hope) to:

Sights for Hope

Attn. Christe Konopitski, Director of Advancement

845 W Wyoming Street

Allentown, PA 18103

Email: christe@sightsforhope.org

Authorization: By signing below, you confirm your company's commitment as a Community Partner for Sights for Hope, effective immediately.

Name & Title (please print): _____

Signature: _____ Date: _____