**2021-2022 Community Partner Commitment Form**

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

|  |  |  |  |
| --- | --- | --- | --- |
| * **Diamond Sponsor** | **$8,500 +** | * **Silver Sponsor** | **$1,500-$2,999** |
| * **Platinum Sponsor** | **$5,000-$8,499** | * **Bronze Sponsor** | **$750-$1,499** |
| * **Gold Sponsor** | **$3,000-$4,999** | * **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**

**Payment Type:  Online Payment  Check**

**Check Enclosed?**

** Yes** – Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** No** – Check will be sent by: \_\_\_\_\_\_\_\_\_\_\_\_\_*(date)*

\*Payment plans are available upon request. If interested, please contact Dennis Zehner for details.

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

Sights for Hope

Attn. Advancement Office

845 W Wyoming Street

Allentown, PA 18103

Email: [dennis@sightsforhope.org](mailto:dennis@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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_