



2026 SPONSORSHIP COMMITMENT FORM

Sponsorship Commitment

I would like to commit to the following sponsorship:

- | | | |
|--|--|---|
| <input type="checkbox"/> Presenting Sponsor - \$15,000 | <input type="checkbox"/> Platinum Sponsor - \$10,000 | <input type="checkbox"/> Gold Sponsor - \$7,500 |
| <input type="checkbox"/> Silver Sponsor - \$5,000 | <input type="checkbox"/> Bronze Sponsor - \$2,500 | <input type="checkbox"/> Patron Sponsor - \$1,750 |

Signature of person responsible for this sponsorship commitment

Date

Contact Information

Name of Company/Sponsor _____
Contact Name _____
Email Address _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____
Website _____

Payment Information

- Check *Payable to AFP Greater Arizona Chapter*
(mail to 4300 N. Miller Rd #141; Scottsdale, AZ 85251)
- VISA MasterCard AMEX

Card Number _____
CID _____ Expiration _____ Card Holder Name _____
Signature _____
Billing Address _____
City _____ State _____ Zip _____

AFP Greater Arizona