



## Sponsorship Agreement

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

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsorship Name: \_\_\_\_\_

Sponsorship Level: \$ \_\_\_\_\_

In-Kind Sponsor: \$ \_\_\_\_\_ (Fair Market Value)

Item Description: \_\_\_\_\_

Name of your organization as it is to appear in printed materials and advertising:

\_\_\_\_\_

A logo file (.jpg or .png) will be emailed to [afpnwa@gmail.com](mailto:afpnwa@gmail.com)

Pay by check: Make out to AFP NWA Chapter and mail to P.O. Box 9264, Fayetteville, AR 72703

Pay by debit or credit card, please send a link to make payment to the email below:

\_\_\_\_\_

For internal use:

AFP Board Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AFP Northwest Arkansas Chapter**  
**PO Box 9264 • Fayetteville, AR 72703**  
**[afpnwa@gmail.com](mailto:afpnwa@gmail.com)**