

CHANGE THE WORLD



WITH A GIVING HEART

National Philanthropy Day® 2018 Sponsorship Commitment Form

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

Sponsorship Levels

Please select one

☐

Event Sponsor

(\$1,000)

(8) tickets for a table

☐

Award Sponsor

(\$500)

(4) tickets

☐

Supporting Sponsor

(\$250)

(2) tickets

Form of Donation: _____

Check enclosed: _____

Please invoice me by: _____

Please return completed form by Friday, September 28 to:

Dawn Robertson, AFP-TCOP Treasurer, P. O. Box 4458, Topeka, KS 66604.

