



NATIONAL PHILANTHROPY DAY LUNCHEON SPONSORSHIP AGREEMENT



This Sponsorship Agreement and accompanying contribution constitutes a contract for sponsorship for the National Philanthropy Day Luncheon hosted by the Association of Fundraising Professionals (AFP) Texas Plains Chapter on **Wednesday, November 17, 2010, at 11:30 am to 1:00 pm in the Heritage Room at the Amarillo Civic Center.**

If the event fails to be held as scheduled, this agreement will be terminated and the Sponsorship payment will be returned in full.

I agree to the sponsorship level designated below. I understand that upon submission of this agreement, my sponsorship status is permanent and non-refundable. I also understand that I will receive a tax-deductible charitable contribution receipt for my donation.*

Sponsorship Level: _____

Date: _____

Company/Organization: _____

Title: _____

Premier Sponsor: \$5,000 (limited to 8)

- Two reserved tables for eight
- Invitation to VIP reception
- Recognition in all media releases
- Company name and logo on luncheon invitation
- Company name and logo on honoree page
- Priority seating
- Opportunity to recognize eight donors/volunteers in the program
- Website logo display, link and recognition for one year

Partnership Sponsor: \$2,500

- One reserved table for eight
- Recognition in all media releases
- Company name and logo on luncheon invitation
- Recognized in luncheon program
- Priority seating
- Opportunity to recognize eight donors/volunteers in the program

Program Sponsor: \$1,000

- One reserved table for eight
- Company name and logo on luncheon invitation
- Recognition in luncheon program
- Priority seating
- Opportunity to recognize eight donors/volunteers in the program

Table Sponsor: \$500

- One reserved table for eight
- Priority seating
- Opportunity to recognize eight donors/volunteers in the program

Nonprofit Organization Table Sponsor: \$375

- One reserved table for eight
- Opportunity to recognize eight donors/volunteers in the program

*Charitable contribution will be equivalent to the amount donated less meal cost

For questions, please contact either Rita Bryant at 352-7425 or ryb1@suddenlink.net or Teresa Hillman at 206-2727 or tkhillman@sbcglobal.net

Please make checks payable to **AFP Texas Plains Chapter**.

Please return completed Sponsorship Agreement to:

Teresa Hillman
Association of Fundraising Professionals
Texas Plains Chapter
P O Box 1531
Amarillo, TX 79105

Or complete form online at www.afptexasplains.org

For information to be included in the program, please submit the requested information by November 1, 2010, to the above address.

I request that my company/organization name be listed as: _____

Table sponsorship offers the opportunity to express gratitude to eight of your top philanthropists or board members by listing them in the National Philanthropy Day Luncheon program. Please list below your selections **to be listed in the program**.

- | | Attending luncheon*? | |
|----------|------------------------------|-----------------------------|
| 1. _____ | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. _____ | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. _____ | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. _____ | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. _____ | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. _____ | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 7. _____ | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 8. _____ | <input type="checkbox"/> yes | <input type="checkbox"/> no |

**Please also submit names of all attendees on invitation RSVP card to follow.*

Please complete the contact information requested below.

Contact Name: _____

Phone: _____ E-mail: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Thank you for your generous support!