



SPONSORSHIP COMMITMENT FORM

A-TEAM SPONSORSHIP LEVEL:

PLATINUM \$15K - \$20K

GOLD \$7,000 Safety Zone VIP Zone

SILVER \$5,000 Safety Zone Creative Zone Active Zone

BRONZE \$2,500 General Event Band Safety Zone Yummy Zone

ROUTE General (\$1,500) Profit (\$500) Non-Profit (\$300)

SPONSOR AUTHORIZATION:

SPONSOR/COMPANY NAME _____
(As you want it to appear on invitation & signage)

PHONE _____

ADDRESS _____

CONTACT NAME & TITLE _____

EMAIL _____ SIGNATURE _____

DATE _____

NOTE: Please send your company logo in jpeg format to mktdept@assew.org for use in marketing materials for the event.

PAYMENT:

TO PAY BY CREDIT CARD:

VISA MASTERCARD NAME ON CARD _____

CARD# _____ CSC CODE _____ EXP. DATE _____

TO PAY BY CHECK: Please make checks payment to Autism Society SE WI

PLEASE RETURN COMPLETED FORM AND PAYMENT BY AUGUST 1, 2020:

Email: renee@assew.org

Mail: Autism Society of SE WI, 3720 North 124th Street, Suite 0, Wauwatosa, WI 53222

Please call 414.988.1264 or email renee@assew.org with any questions.