

## SPONSORSHIP FORM

Please return this form by **September 6<sup>th</sup>** for Platinum or Presenting Sponsor or **October 25<sup>th</sup>** for Corporate Patron or Non-profit Tables.

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

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

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

City, State Zip: \_\_\_\_\_

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

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

Indicate your participation in National Philanthropy Day 2019:

- Platinum Sponsor - \$5,000
- Presenting Sponsor - \$3,000
- Corporate Patron Sponsor - \$1,250
- Non-Profit Table Sponsor - \$650
- I cannot attend the event. Please accept this donation of \$ \_\_\_\_\_ in honor of \_\_\_\_\_

### Payment Information

**Please make checks payable to AFP-Nebraska.** If you would prefer to pay with a credit card, please provide the credit card information below.

Please circle one:                      Visa                      MasterCard                      AMEX

Name as it appears on card: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Zip Code (associated with credit card billing statement) \_\_\_\_\_

Amount \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Return your completed Sponsorship Form and payment to: AFP-Nebraska, PO Box 24133, Omaha, NE 68124. If you have any questions, please contact AFP Nebraska Chapter Administrator Joe Pittman at (402) 397-0280 or [afpnebraska@cam-omaha.com](mailto:afpnebraska@cam-omaha.com).

**Thank you for your generous contribution!**