



## SPONSORSHIP PLEDGE FORM

**Organization:** \_\_\_\_\_  
(how you wish to be recognized in promotional materials)

**Contact:** \_\_\_\_\_  
(contact regarding attendee names, logo, billing if other than primary)

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

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

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

**City/State/Zip:** \_\_\_\_\_

**Website:** \_\_\_\_\_

### CHAPTER EDUCATIONAL SPONSORS:

- \$5,000 Title Sponsor
- \$2,500 Leader
- \$1,250 Underwriter
- \$750 Friend

### NATIONAL PHILANTHROPY DAY SPONSORS:

- \$3,000 Past Awardee Sponsor (Exclusive)
- \$1,500 Award Sponsor (Multiple Available - First Come, First Serve)
- \$1,000 Table Sponsor

Checks should be made to APF WNC. Please return this form to [chapteradmin@afpwnc.org](mailto:chapteradmin@afpwnc.org) or mail to AFP WNC at PO Box 546, Asheville NC 28802.

Thank you for your partnership!