

SPONSORSHIP DONATION FORM

A NIGHT OF RESTORATION

with GRAMMY® Winner

Mandisa

SEPTEMBER 23 | CAROLINA THEATRE

1 DONOR INFORMATION

Please return this form to acknowledge your pledge agreement as soon as possible. Clearly print name and information exactly as it should appear on all printed materials.

Business/Sponsor Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone #: _____ Email: _____

(for event communication purposes only, will not be shared outside of RPC)

2 SPONSOR COMMITMENT

Please indicate the level at which you/your business would like to participate. Sponsorships may be paid in full or in installments.

- | | |
|---|---|
| <input type="checkbox"/> PRESENTING SPONSOR - \$20,000 (Exclusive) | <input type="checkbox"/> SILVER SPONSOR - \$5,000 (Only six available) |
| <input type="checkbox"/> SIGNATURE SPONSOR - \$10,000 (Only three available) | <input type="checkbox"/> BRONZE SPONSOR - \$2,500 |
| <input type="checkbox"/> GOLD SPONSOR - \$7,500 (Only two available) | <input type="checkbox"/> CHAMPION OF MENTAL HEALTH - \$1,000 |

3 PAYMENT OPTIONS

- My **Check** is enclosed. Please make checks payable to Restoration Place Counseling.
- Please send me a **Pledge Reminder/Invoice** on _____ [date] to be paid by _____ [date].
- I will pay my sponsorship in **Installments**.
- Number of Installments: _____ monthly/bi-monthly/quarterly
- Amount of Each Payment: \$ _____
- First Payment Date: _____
- Please charge my **Credit Card**. I understand that a credit card convenience fee of 3% will be added to my total payment.

Name on Card: _____ Card Type: AMEX MC VISA DISC

Account Number: _____ Exp. Date: ____ / ____ CVV: _____

Signature of Cardholder: _____

Billing Address: *If different from above address*

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Note: Sponsorship Payments must be made in full (or at least 50% of installment payments complete) no later than **September 2, 2022**, unless otherwise arranged. This helps nonprofit to budget accurately.

4 SUBMIT

Please submit this form along with any payment to: **RESTORATION PLACE COUNSELING, P.O. BOX 38787, GREENSBORO, NC 27438. Fax: (888) 458-8020 Email: Cindy@RPCounseling.org Phone: (336) 542-2060 ext. 102**

RPC is a non-profit 501c(3) with the Tax ID# 25-1915667. Financial information and a copy of our State Solicitation License (#SL003452) are available at (888) 830-4989. The license is not an endorsement by the state.