



SPONSORSHIP DONATION

1 DONOR INFORMATION

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

Business/Sponsor Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone #: _____ Email: _____

(for 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.

PRESENTING SPONSOR - **\$20,000** (Exclusive)

RESTORATION SPONSOR - **\$2,500**

SIGNATURE SPONSOR - **\$10,000**

DIGNITY MODEL SPONSOR - **\$1,000**

RUNWAY SPONSOR - **\$5,000**

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 DISCOVER

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) no later than February 29, 2020, unless otherwise arranged.

4 SPONSOR SIGNATURE:

DATE: / /

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

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