

VISIONS OF LOVE

2017 SPONSORSHIP AGREEMENT FORM

Thank you for your support of Anchor Center for Blind Children. Please indicate your level of support:

- \$3,000** Signature Sponsor **\$2,000** Presenting Sponsor
 \$1,000 Vintage Sponsor **\$500** Estate Sponsor
 Underwriting Sponsor - Amount \$ _____



MISSION

Anchor Center for Blind Children teaches visually impaired infants, young children and their families, providing hope and a nurturing environment where children reach their highest potential.

SPONSORSHIP TERMS

Sponsorship is valid for one event during the year indicated and is renewable on an annual basis. Anchor Center for Blind Children reserves the right to modify sponsor levels and benefits annually. Anchor Center for Blind Children may withdraw the benefits of sponsorship if, at any time, the intended partner does not complete financial obligations or is found to be in conflict with interests of the mission of our organization.

THANK YOU!

Contact:
Kristine Wolfe
2550 Roslyn Street
Denver, CO 80238
(303) 377-9732

CONTACT INFORMATION

Contact Name and Title

Business Name

Address

City, State

Zip

Phone Number

Fax Number

Email Address

MARKETING INFORMATION

Please select one:

- We agree to the release and use of our business name and corporate logo in affiliated event marketing strategies as implied in the sponsorship benefit package indicated. (An Anchor Center staff member will contact you regarding marketing needs.)
- We prefer to sponsor this event as an Anonymous donor. Please do not release our name or any corporate logos in event marketing per this agreement.

PAYMENT INFORMATION

Please select one:

- Business Check payable to *Anchor Center for Blind Children*. Payment due by January 30, 2017.
- Credit Card. Please charge my card in the amount of \$ _____ using the information below:

Name on Card

Credit Card Number

Expiration Date

CVV

I agree to the terms and conditions of the sponsorship for the event at the level indicated.

Signature

Date