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## Program Sponsorship Commitment – ACAP (chapter name)

**Please print**

**Name of Business/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & title of person authorizing sponsorship**: ­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing address of business/organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Sponsorship Commitment**

( ) We agree to provide $100.00 per sponsored month **plus assist with providing light refreshments for   
 attendees of the sponsored program** (*Note: Anticipated number of attendees will be provided 1 week prior   
 to the program, with updates as appropriate.)*

**Commitment / Payment / Pledge**

(   ) We wish to sponsor a total of (#) \_\_\_\_ month/months of **2022 ACAP ­­­\_\_\_\_\_\_\_:** Total $\_\_\_\_\_\_\_\_

(   ) Enclosed, please find payment for (#)\_\_\_\_\_\_\_\_ month(s) of sponsorship:         Total $\_\_\_\_\_\_\_\_

(   ) Future payment will be made for (#) \_\_\_\_\_\_\_\_ month(s) of sponsorship:         Total $\_\_\_\_\_\_\_\_

*Payment is due by the 1st day of the month preceding the sponsored month*

Preferred month(s) for sponsorship

Month 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We have read and agree to adhere to ACAP’s Guiding Principles.

**Authorized signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please make checks payable to ACAPcommunity and mail to:***

**ACAPcommunity**

**PO Box 8278**

**Morganton, NC 28680**

***Thank you for your support of ACAP \_\_\_\_\_\_\_\_\_\_\_\_\_\_!***