

HARVEST FOR HOPE

Sponsorship Commitment Form

Sponsor Information & Primary Contact

Organization/Individual Name: _____

(As name should appear in all material/promotions associated with Harvest for Hope)

Mailing Address: _____

City/State/Zip: _____

URL: _____

Social Media Tags: _____

(Please provide any social media tags you would like us to use to promote your sponsorship)

Contact Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Billing Information *(Leave blank if the information is the same as provided above)*

Contact Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

YES! We would be pleased to support the 14th Annual Harvest for Hope through the below sponsorship:

Beacon of Hope - \$15,000

Called to Care - \$10,000

Sponsor of Hope - \$5,000

Impact Sponsor - \$3,000

Marketing Sponsor - \$1,500

Email completed form to **Nicholle Granger** at **ngranger@voaches.org**.

If paying my mail, return completed form with payment to:

VOACC, Attn: Development, 4601 Presidents Dr., Suite 300, Lanham, MD 20706

Check - Made payable to Volunteers of America Chesapeake & Carolinas

Credit Card:

Visa

Mastercard

American Express

Card#: _____ Exp. Date: _____ CSC: _____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____

To pay for your sponsorship online, please visit www.voachesapeake.org/h4h23-sponsorship.