



*“Volunteers are the helping hands of the organization”*

## HONOR YOUR OWN BREAKFAST 2017 Sponsorship Commitment

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

**Yes! I/we would like to participate as a sponsor for the [AFP Honor Your Own Breakfast](#) on Tuesday, April 18, 2017, 9:30 a.m. – 11:00 a.m.**

**Name as it is to appear in the program (Please send a print-ready logo to [honoryourownafprkfd@gmail.com](mailto:honoryourownafprkfd@gmail.com)):**

\_\_\_\_\_

Enclosed is my check (made payable to **Association of Fundraising Professionals – Rockford Chapter**)

Credit Card      \_\_\_ Master Card      \_\_\_ Visa Card

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Amount: \_\_\_\_\_

I agree, on behalf of the above named organization or individual, to donate the indicated amount to the Association of Fundraising Professionals, Rockford Chapter, as a sponsor of the 2016 Honor Your Own Volunteer Recognition event. I understand that this amount is due and payable within 30 days of the date of this agreement. I agree that the organization name indicated above may be used and that sponsorship forms must be received by February 1, 2016\* for promotional purposes and to be included in the sponsor recognition materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** AFP HYO Sponsorships, PO Box 4663, Rockford, IL 61110-4663.

