

Sponsorship Donation Contract



COMPANY/INDIVIDUAL
NAME _____
CONTACT NAME _____
ADDRESS _____
EMAIL _____

DATE _____
TITLE _____
CITY/ST/ZIP _____
PHONE # _____

PLEASE SEE REVERSE FOR SPONSORSHIP LEVEL DETAIL:

- Sustaining Community Partner**
(Cash \$15,000 + with five year contract)
- Platinum** (\$10,000-\$14,999)
- Gold** (\$5,000-\$9,999)
- Silver** (\$2,021-\$4,999)
- Bronze** (up to \$2,020)

PERSON TO RECEIVE ALL BENEFIT INFORMATION (if different from information above):

Name _____ Address _____ City/State/Zip _____

RECOGNITION: Please type or print your name EXACTLY as it should appear in JLEP publications, signage and other printed materials.

- I (We) decline all benefits.** **I (We) prefer to be listed as an Anonymous donor.**

PAYMENT INFORMATION:

DONATION AMOUNT: CASH \$ _____ IN-KIND: \$ _____

- Check made payable to: Junior League of El Paso, Inc.
- Bill me
- Please charge credit card: Visa MasterCard

Name on card: _____ Card Number _____

Expiration Date: _____ Billing Zip Code: _____ Security Code: _____

Authorized Sponsor Signature: _____ Date: _____

JLEP Representative Signature: _____ Date: _____

JLEP President's Signature: _____ Date: _____

<i>For Office Use only:</i>	<input type="radio"/> In-Kind	<input type="radio"/> Cash General	<input type="radio"/> Cash Specific
	<input type="radio"/> Committee/Sub-Committee		

The Junior League of El Paso, Inc. is a charitable non-profit organization under Section 501(c) (3) of the Internal Revenue Code. Your contribution is tax deductible to the extent provided by law.