

# 2016 AFP Sponsorship Form

Please complete and return this form with payment to secure your yearly sponsorship.

## Event Sponsorships

### Monthly Educational Programs

- Presenting Sponsor (on-site event) - \$1000
- Supporting Sponsor (on-site event) - \$500
  
- Presenting Sponsor (online/webinar) - \$250
  
- Presenting Sponsor (full day) - \$5000
- Strategic Sponsor (full day) - \$2500
- Advocate Sponsor (full day) - \$1000
- Supporter Sponsor (full day) - \$500
  
- AFP Connects Hosting Sponsor - \$250 in-kind
- AFP Connects Presenting Sponsor - \$250

### National Philanthropy Day Dinner

- Presenting Sponsor - \$50,000
- Signature Sponsor - \$25,000
- Diamond Sponsor - \$15,000
- Platinum Sponsor - \$10,000
- Gold Sponsor - \$5000
- Silver Sponsor - \$2500
- Bronze Sponsor - \$1500

## Promotional Opportunities

- Chapter e-Newsletter Sponsor - \$2,000
- Job Posting e-Newsletter - \$2,000
- Company Email Blast:  
\$100 member; \$200 non-member
- Job Posting for 30 Days:  
\$100 member; \$200 non-member

## Questions? Contact:

Rebecca Hepner | Sponsorship Chair  
AFP Greater Detroit Chapter  
16130 Northland Drive, Southfield, MI 48075  
Office: (248) 200-3469 | Cell: (248) 470-7155  
Email: [Rebecca\\_Hepner@usc.salvationarmy.org](mailto:Rebecca_Hepner@usc.salvationarmy.org)

## Mail/Fax/Email Form to:

AFP Greater Detroit Chapter  
101 Brookside Lane, Suite N, Brighton, MI 48116  
Phone (248) 579-5004 | Fax (248) 579-5004  
Email: [renee.lewis@afpdet.org](mailto:renee.lewis@afpdet.org)

## Sponsor Information

Contact Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Company URL: \_\_\_\_\_

## Payment

*Full payment is required to begin sponsorship fulfillment.*

Sponsorship Fee(s): \_\_\_\_\_  
Amount Enclosed: \_\_\_\_\_  
 Check (made payable to AFP Greater Detroit)  
 Visa       MasterCard       AMEX  
Card number: \_\_\_\_\_  
Card Exp. Date: \_\_\_\_\_  
Card CVV Security Code: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

## Signature and Agreement

*The undersigned agrees to the conditions and benefits set forth in the Sponsorship Opportunities listing.*

Official Representative \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_