

corporate sponsorship agreement



COMPANY/INDIVIDUAL NAME

CONTACT NAME

ADDRESS

CITY/STATE

ZIP

EMAIL

PHONE

sponsorship payment & selection

\$ _____ TOTAL CONTRIBUTION

_____ My sponsorship is enclosed.

I will make my payment by this date:

_____ Invoice me for my sponsorship.

_____ Immediately

_____ Quarterly

_____ on May 1st, 2023


_____ by this date: _____

PAYMENT TYPE:

_____ CASH _____ CARD

_____ CHECK _____ OTHER

 **CHANGE MAKERS**
\$15,000

 **MOVERS & SHAKERS**
\$10,000

 **CARELINK HEROES**
\$5,000

 **FRIENDS OF CARELINK**
\$2,500

printing & publication information

Please state your name (individual, corporation or foundation) for sponsor listings on website, publications & other printed collateral. Print or type exactly as it should appear and circle alphabetizing letters:

 I have attached my company/individual logo.  We prefer not to be listed in print materials.

SIGNATURE OF SPONSOR REPRESENTATIVE

DATE

keeping seniors
happy, healthy & home!

DEADLINE for sponsorship pledges & completed contracts by April 1, 2023 to guarantee inclusion in all sponsor recognition opportunities & receive all benefits. Please email signed contracts to Brianna Sellers, Giving Officer, at bsellers@carelink.org or by mailing to P.O. Box 5988, North Little Rock, AR 72119.