

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

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!

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**.