

SPONSORSHIP COMMITTEMENT FORM

Please return this completed form to Mental Health Association via events@mharochester.org. If you have any questions please contact Tricia Marsherrall at events@mharochester.org or (585) 354-5505. Checks are payable to Mental Health Association of Rochester and can be mailed to 320 Goodman St N #202, Rochester, NY 14607

COMPANY NAME

PHYSICAL ADDRESS

STREET ADDRESS LINE 2

STREET ADDRESS LINE 1

CITY, STATE, ZIP

BILLING ADDRESS

Same as above

STREET ADDRESS LINE 1

STREET ADDRESS LINE 2

CITY, STATE, ZIP

SPONSORSHIP LEVEL

\$5,000 - Strength Sponsor

\$2,500 - Holistic Sponsor

\$1,000 - Partner Sponsor

\$500 - Advocate Sponsor

CONTACT NAME

BUSINESS NUMBER

AREA CODE PHONE NUMBER

CELL NUMBER

AREA CODE PHONE NUMBER

EMAIL ADDRESS

EVENT LISTING

HOW YOU WISH TO BE LISTED IN MATERIALS IF DIFFERENT FROM ABOVE

PAYMENT INFORMATION

Invoice me

Enclosed is my check

Please charge my credit card

Purchase online:
<http://bit.ly/MHARocEvents>

CREDIT CARD NUMBER

EXPIRATION

SECURITY CODE

NAME AS IT APPEARS ON THE CARD

BILLING ADDRESS IF DIFFERENT FROM ABOVE