



Prevention**FIRST!**[®]

Fundraiser & Awards Luncheon

April 24, 2020 • 12:00 p.m. – 1:30 p.m.

Madison Event Center, Covington KY

SPONSORSHIP AGREEMENT FORM

Company/Organization _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Phone _____ Fax _____ Email _____

Please indicate sponsorship level:

Presenting Sponsor (\$7,500)

Ambassador Sponsor (\$5,000)

Partner Sponsor (\$2,500)

Table Sponsor (\$1,250)

Friend Sponsor (\$500)

Payment is:

Enclosed (Checks should be payable to "PreventionFIRST!".)

Credit Card: Amex Discover Master Card Visa

Card Number: _____ Exp: _____ Sec. Code _____

Name On Card: _____

Billing Address: _____

City _____ State _____ Zip Code _____

Please Invoice

Contact Person for Logo _____

Phone _____ Email _____

Contact Person for Seating _____

Phone _____ Fax _____ Email _____

**Sponsor agreements can be completed and returned in the enclosed envelope,
emailed to acowart@prevention-first.org, or faxed to 513-751-8001.**

Commitments must be received by February 20th for inclusion on the invitation; and March 30th for inclusion in the program and annual report.

Thank you for your support!