

SPONSORSHIP COMMITMENT FORM

GENERAL SPONSORSHIP

CHAMPION SPONSOR	\$25,000
HERO SPONSOR	\$20,000
ANGEL SPONSOR	\$15,000
MISSION SPONSOR	\$10,000
PIONEER SPONSOR	\$ 5,000
INNOVATOR SPONSOR	\$ 2,500
ORIGINATOR SPONSOR	\$ 1,000
NAVIGATOR SPONSOR	\$ 500

ADDITIONAL BRANDING OPPORTUNITIES

BEVERAGE SPONSOR	\$5,000
ENTERTAINMENT SPONSOR	\$2,500

WE WOULD LIKE TO BE A _____ SPONSOR FOR THE MAY 10, 2024, CHAMPIONS GALA.

- WE WILL BE ATTENDING THE EVENT; PLEASE RESERVE OUR SPOT(S).
- WE CANNOT ATTEND; PLEASE USE OUR DONATION FOR UNDERWRITING.
- WE WILL BE UNABLE TO ATTEND; PLEASE USE OUR DONATION IN THE AMOUNT OF _____ FOR UNDERWRITING.

NAME _____

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

HOW DID YOU HEAR ABOUT THE CHAMPIONS GALA _____

CONTACT FOR MARKETING MATERIALS IF DIFFERENT THAN ABOVE _____

PHONE/EMAIL _____

PLEASE INDICATE:

- CHECK MADE PAYABLE TO CHILDREN'S PLACE ASSOCIATION ENCLOSED.
- CHECK TO BE SENT UNDER SEPARATE COVER.

PLEASE MAIL THIS FORM TO:

CHILDREN'S PLACE ASSOCIATION
PHILANTHROPY OFFICE CONTACT: SHANTAL ALONSO
11 E. ADAMS STREET, SUITE 1550
CHICAGO, IL 60603

FOR QUESTIONS/MORE INFO, CONTACT:

312-733-9954 EXT 6

GIVING@CHILDRENS-PLACE.ORG