

SPONSOR COMMITMENT FORM

Name/Company: _____

Sponsor Contact Name: _____

Phone: _____

E-mail Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Please indicate how you wish to be recognized:

_____ wishes to participate in Kyrene Rotary's 2024 Celebration Gala as a

- Title Sponsor** | \$5,000
- Platinum Sponsor** | \$2,500
- Gold Sponsor** | \$1,500
- Silver Sponsor** | \$1,000
- Bronze Sponsor** | \$500
- Underwriter** (please indicate which option and amount from page 3)
_____ \$ _____
- Fund Our Mission** | All gifts are welcome
- Additional Gala tickets** | Number of tickets _____ x \$75 = _____

Send to:

Kyrene Rotary Club Foundation | PO Box 12103 | Tempe, Arizona 85284

Kyrene Rotary Club Foundation is a 501(c)(3) tax-exempt nonprofit organization. Federal Tax ID: 82-2785674

Method of Payment:

- Please send me an invoice for my sponsorship.
- Check # _____ enclosed.
Make check payable to Kyrene Rotary Club Foundation.
- I will pay online by credit card: [KyreneGala.com](https://www.kyrenegala.com)

Signature: _____