SPONSOR COMMITMENT FORM

Name/C	ompany	
Sponsor	Contact Name:	
Phone: _		
E-mail A	ddress:	
Address:		
City:	State: ZIP: _	
	ndicate how you wish to be recognized:	
Kyrene R	otary's Celebration Gala as a	_ wishes to participate in
Kyrene R	Platinum Sponsor \$2,500 Gold Sponsor \$1,500 Silver Sponsor \$1,000 Bronze Sponsor \$500 Underwriter (please indicate which option and amount from \$	=
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	

Signature: _____ Date____