

Sponsorship Commitment Form

COMPANY NAME:

CONTACT NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

EMAIL ADDRESS:

PLEASE CHECK OFF CORRECT BOX FOR DESIRED SPONSOR PARTNERSHIP LEVEL

DESIRED LEVEL	SPONSORSHIP LEVEL	DONATION AMOUNT
<input type="checkbox"/>	SPRINT LEVEL SPONSOR	\$100*
<input type="checkbox"/>	RUN LEVEL SPONSOR	\$75*
<input type="checkbox"/>	JOG LEVEL SPONSOR	\$50

***Email a VECTOR file of your logo to media@wellingtonhumanesociety.org by May 22, 2024**

- We would be interested in a yearly advertising option as well.

Please make checks payable to: **WELLINGTON HUMANE SOCIETY**

Mail this form and a check to : 203 W. Hillside, Wellington, KS 67152

Authorized Signature (required)

Title

Date

**TO RECEIVE THE MAXIMUM BENEFIT FROM YOUR SPONSORSHIP
PLEASE RESPOND NO LATER THAN May 22, 2024.**

