



## Online Sponsorship Commitment Form

**Organization Name:** \_\_\_\_\_  
*(as it should appear on all marketing, advertising & designing (program materials))*

**Organization Contact:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Sponsorship Levels:** ① \$4,000 Gold (Calendar Year) ② \$2,800 Silver (Half Year) ③ \$1,750 Bronze (Quarter)

**Sponsorship Amount:** \$ \_\_\_\_\_ **In-Kind Donation Value:** \$ \_\_\_\_\_  
*(please provide approximate value if donating in-kind)*

**Payment by Check:**

Check Enclosed?  Yes  No  
**Yes:** Check # \_\_\_\_\_ **No:** Check will be sent by: \_\_\_\_\_

Please send completed form and check (Payable to **Synergy Saturday**) to:  
Synergy Saturday™  
PO Box 26333  
Little Rock, AR 72221-6333

**Payment by Credit Card:**

Amount to be charged to credit card: \$ \_\_\_\_\_  
Name As Appears On Card: \_\_\_\_\_  
Card Type:  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER  DINERS CLUB  JCB  PAYPAL  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Card Verification Value (CVV) or Card Security Code (CSC) \_\_\_\_\_  
Billing Address (on statement): \_\_\_\_\_  
\_\_\_\_\_  
Cardholder Signature: \_\_\_\_\_

**Additional Information:**

- ① **Graphics:** Please email your logo in either eps, jpg or png format (300 dpi or higher) to [Publisher@LAFproductions.com](mailto:Publisher@LAFproductions.com)
- ② **Questions:** Contact Customer Service at (877) MHS-UNIT or (877) 647-8648 or [CustomerService@SynergySaturday.com](mailto:CustomerService@SynergySaturday.com)
- ③ **Authorization:** By signing below, you confirm your company's commitment to sponsor **Synergy Saturday | Health and Wealth Initiative**

\_\_\_\_\_  
Event Location (Building, City and State)

\_\_\_\_\_  
Event Date or Sponsorship Duration

\_\_\_\_\_  
Name and Title (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature