

SPONSOR INFORMATION

Company _____

Contact Name _____

Address _____ City _____ State _____ ZIP _____

Phone () _____ Email _____ @ _____

I WANT TO SPONSOR THE FOLLOWING:

- | | |
|--------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Speaker Sponsor SOLD \$5,000 | <input type="checkbox"/> Gold Sponsor..... \$2,000 |
| <input type="checkbox"/> Venue Sponsor..... SOLD \$3,000 | <input type="checkbox"/> Silver Sponsor \$1,000 |
| <input type="checkbox"/> Dinner Sponsor \$3,000 | <input type="checkbox"/> Bronze Sponsor \$500 |
| <input type="checkbox"/> VIP Reception Sponsor SOLD \$3,000 | |

PAYMENT OPTIONS:

Total Sponsorship \$ _____

- Enclosed is my check made payable to DMACC Foundation.
- Please invoice me. Month to be invoiced _____
- I will go online to **gable.dmacc.edu** to make my payment.
- I'm unable to participate this year, but I want to support DMACC students.
- Enclosed is my tax-deductible donation for:
 - \$1,000 \$500 \$250 \$100 \$50 Other \$ _____

Thank you for your support!