



Organizational Sponsorship Commitment Form

(This form must be returned with your contribution in order to receive proper recognition for your sponsorship)

Organization Name: _____

Organization Contact: _____

Contact Email: _____

Contact Phone: _____

Contact Address: _____

Sponsorship Level: (circle one)	Gold \$1,500.00	Silver \$750.00	Bronze \$350.00	Honorable Mention \$150.00
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Enclosed Check # _____

Please note: payment must be submitted in order for recognition to be given.

Payment by Check:

Please send completed form and check (Payable to the Connecticut Family Support Network, Inc.) to:
CT Family Support Network
37 Fairlawn Drive
North Haven, CT 06473

Payments by Credit Card:

Upon request payments can be made by credit card through our secure PayPal account. Please contact Tesha Tramontano-Kelly for PayPal account information.

Questions:

Contact – Tesha Tramontano-Kelly, Executive Director at ttramontano-kelly@ctfsn.org or 203-710-3041.

Authorization:

By signing below, you confirm your company's commitment to sponsor the CTFSN.

Name and Title (please print)

Date

Signature