



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 \$2,000.00	Silver \$1,000.00	Bronze \$750.00	Honorable Mention \$350.00
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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
377 Hubbard Street #1
Glastonbury, CT 06033

Payments by Credit Card:

Upon request payments can be made by credit card through our secure PayPal account. Please contact Adrianna Ramirez for PayPal account information.

Questions:

Contact – Adrianna Ramirez, Executive Director at executivedirector@ctfsn.org or (203) 699-6123.

Authorization:

By signing below, you confirm your company's commitment to sponsor CT Family Support Network- CTFSN.

Name and Title (please print)

Date

Signature

CTFSN Tax ID 27-2790088