

2013 AIDSWALK TUCSON SPONSORSHIP FORM

SPONSOR INFORMATION

Please return to the address below or fax to 520-628-7222. If you have any questions, or would like to discuss any details or have special sponsorship requests, please contact Gina Reyes, Events Assistant, at greyes@saaf.org or (520) 628-7223.

*Legal Name of Sponsor, Institution, or Individual: Sharon Bronson

Name as it should appear on promotional materials (*if different than above):

Sharon Bronson Pima County Board of Supervisors, District 3

*Address: 130 W. Congress 11th Fl

City: Tucson State: AZ ZIP: 85701

*Phone: (520) 724-8051 Fax: () _____

*Contact Name: Kiki Navarro Title: _____

*Contact Phone: 724-8051 *Contact Email: Kiki.navarro@pima.gov

Website: _____

* Indicates required information

SPONSORSHIP LEVEL

Please mark sponsor level and indicate exact amount of sponsorship

Title Sponsor:	\$20,000	\$ _____
Grand Sponsor:	\$10,000	\$ _____
Principal Sponsor:	\$5,000	\$ _____
Major Sponsor:	\$3,000	\$ _____
Contributing Sponsor:	\$1,000	\$ <u>1000.00</u>
Event Sponsor:	\$500	\$ _____

TERMS AND CONDITIONS

AIDSWALK Tucson is an event of the Southern Arizona AIDS Foundation, a 501 (c)(3) non-profit organization. Our tax identification number is 86-0864100.

Contributions may be paid in full at any time or made in multiple payments to accommodate cash flow. However, all contributions must be paid in full by SEPTEMBER 30, 2013

Sponsors are responsible for preparing and sending a camera-ready ad to be included in the event program.

Sponsor understands that certain benefits of sponsorship require information or input by Sponsor. Failure to provide the information or input by requested dates may result in a forfeiture of the benefit for which it was required.

This contract is subject to the terms and conditions stated herein. Sponsor has read and understands and agrees to be bound by these terms as a condition of participation.

I acknowledge these terms and conditions of this sponsorship.

[Signature]
(please Initial)



Please sign and return this pledge form by August 15, 2013

to ensure that receive all of your sponsorship benefits.

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PAYMENT INFORMATION

Please mark appropriate payment type and installment option, if applicable

Check enclosed for full payment

Check will be sent on date: _____

Please charge my credit card as shown below

Please invoice as follows:

4 installments of 25% of total sponsorship—Starting Month _____

2 installments of 50% of total sponsorship—Starting Month _____

1 installment of 100% of total sponsorship—Month _____



CREDIT CARD INFORMATION

CARD TYPE:

Visa

American Express

MasterCard

Discover

CARDHOLDER NAME: _____

CARD NUMBER: _____

EXPIRES: _____

CVV: _____

CARDHOLDER SIGNATURE: _____

I understand this is a binding contract and certify that I am authorized to enter into such a contract on behalf of sponsoring organization (signature required to confirm sponsorship)

Authorized Signature: _____

Sharon Bernson

Date: 5-20-13

Title: _____

Supervisor, District 3

Please make your check payable to the **Southern Arizona AIDS Foundation**
and mail with this form to:

375 South Euclid Avenue, Tucson, AZ 85719

or fax to:

520-628-7222

THANK YOU FOR YOUR SUPPORT!

Donations are tax-deductible to the extent allowed by law.