

2014 AIDSWALK ARIZONA TUCSON SPONSORSHIP

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 Monique Vallery, Associate Director of Development, at mvallery@saaf.org or (520) 547-6107

*Legal Name of Sponsor, Institution, or Individual:

Sharon Bronson, Pima County

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

*Address: 130 W. Congress 11th Fl.

City: Tucson State: AZ ZIP: 85701

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

*Contact Name: Kiki Navarro Title: Exec. Assist

*Contact Phone: 520 724 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>1,000</u>
Event Sponsor:	\$500	\$ _____

**Please sign and return this pledge form
by September 12, 2014**

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, 2014**

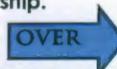
Sponsors are responsible for preparing and sending a camera-ready ad to be included in the event program.

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.

(please initial)



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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 _____



**AIDS
WALK
ARIZONA
TUCSON**

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:  _____

Date: _____

Title: _____

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 Pledge Form to:
520-628-7222

THANK YOU FOR YOUR SUPPORT!

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