



Sponsorship Form

Primary Contact Name		Telephone
Company		
Address		
City	State	Zip
Email	Web Address	Facebook Page

Sponsor Opportunities:

- | | |
|--|---|
| <input type="checkbox"/> Legacy Sponsor \$5,000 or more
(Complimentary registration for 10) | <input type="checkbox"/> Scholar Table Sponsor \$500
(Complimentary registration for 2) |
| <input type="checkbox"/> Benefactor Sponsor \$3,000
(Complimentary registration for 6) | <input type="checkbox"/> Contributing Sponsor - <i>donation of goods or services</i> (Complimentary registration for 2) |
| <input type="checkbox"/> Patron Sponsor \$1,000
(Complimentary registration for 2) | |

Please accept my donation commitment of \$_____ to The College of Westchester Charitable Foundation.

Method of Payment:

- | | | |
|---|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Check, please make checks payable to: CW Charitable Foundation | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa |
| <input type="checkbox"/> American Express | <input type="checkbox"/> Discover | |

Card Number: _____ Exp. Date: _____ / _____ / _____

Billing Address, if different _____

Name on Card: _____ Signature _____

Mail or fax completed form to:

The College of Westchester Charitable Foundation
325 Central Avenue
White Plains, NY 10606
914.831.0343 Phone
914.948-5441 Fax
cwfoundation@cw.edu

All donations are tax-deductible to the full extent of the law.
The College of Westchester Charitable Foundation is a 501(c)(3) charitable organization.