

CONTACT PERSON:

CONTACT EMAIL:

CONTACT PHONE:

**United  
Way**



# SPONSORSHIP AGREEMENT

1201 E. 5th Street, Suite 1019 P.O. Box 1200 Anderson, IN 46015

www.unitedwaymadisonco.org

765.643.7493

## COMPANY NAME:

(List company info as desired on communications & signs. Attach copy of logo if available , or e-mail to n.anderson@unitedwaymadison.org)

ADDRESS, CITY, STATE, ZIP:

PHONE:

FAX:

WEB ADDRESS:

## SPONSORSHIP OPTIONS

## PRICE

## SPONSORSHIP(S) DESIRED

ANNUAL MEETING/VOLUNTEER RECOGNITION

**\$300**

Ⓢ

CAMPAIGN MEETINGS

**\$300**

Ⓢ

VOLUNTEER RESOURCE DATABASE

**\$400**

Ⓢ

OPERATION WEATHERIZATION

**\$400**

Ⓢ

ONLINE AUCTION

**\$200**

Ⓢ

PACESETTER FULL PACKAGE  
(SPONSOR ALL 5 ABOVE)

**\$1500**

Ⓢ

**SPONSORSHIP TOTAL** Ⓢ

**\$**

## BILLING INFO

Check Enclosed (Payable to: United Way of Madison County)

Please send an Invoice (Company Billing ONLY)

Bill a Credit Card

Visa  Mastercard  Discover  American Express

Credit Card Number:

Expiration Date:

Signature: