



2018 – 2019 Sponsorship Agreement

Company Name \_\_\_\_\_

Contact Name & Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone/Email \_\_\_\_\_ / \_\_\_\_\_

Billing contact *if different from above*:

Name

Email

Sponsorship Commitment

Title	<input type="checkbox"/>	Supporter	<input type="checkbox"/>	This-Just-In Programs	<input type="checkbox"/>
Pacesetter	<input type="checkbox"/>	Donor	<input type="checkbox"/>	GM Social Events	<input type="checkbox"/>
Partner	<input type="checkbox"/>	Friend	<input type="checkbox"/>	In-Kind	<input type="checkbox"/>
Patron	<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>	Leadership 500 <i>(Individual Reg. \$500; NP \$350)</i>	<input type="checkbox"/>

Amount \$ \_\_\_\_\_

*Sponsor benefits are included in the LHC program year which runs from July 1, 2018 – June 30, 2019.*

- Enclosed is a check payable to Leadership Howard County
- See below for credit card for authorization

\_\_\_\_\_  
Name on card

\_\_\_\_\_  
Card number (Visa or MasterCard)      Exp date \_\_\_\_\_ CVC \_\_\_\_\_

\_\_\_\_\_  
Signature

Modified benefits agreed upon: \_\_\_\_\_

Date: \_\_\_\_\_