C B W P A

41st Annual Tribute to Black Women Luncheon

2019 LUNCHEON SPONSORSHIP COMMITMENT FORM

Organization Name:				
(as it should appear on a	all marketing,	advertising & progra	m materials)	
Organization Contact:				
Contact Email:				
Contact Phone:				
Contact Address:				
Sponsorship Level:				
Sponsorship Amount: Please provide approxin	\$ nate value if d	In-I onation in-kind	Kind Donation Value: \$	
Payment by Check (NO	SERVICE FEES	<u>):</u>		
Check Enclosed:		-		
Yes: Check #	No	o: Check will be sent i	by:	
Please send completed Angelique Cart Colorado Black PO Box 370913	er, Financial S Women for P	ecretary olitical Action	orado Black Women For Political A financialsecretary@cbwpa.org 303-520-9092	action) to:
Payment by Credit Card Amount to be		dit card:	\$	
Name on Card:				
Card Type: one)	VISA	MasterCard	American Express	(Please circle
Card Number:				
Expiration Date:			Security Code	e:
Billing Address:				
(As it appears on credit	card statemer	nt MUST INCLUDE ZIP	CODE)	

Additional Information should be emailed to financialsecretary@cbwpa.org:

- 1) Please email your logo and ad in either eps or jpg format (300 dpi or higher) by Friday September 27, 2019
- 2) Please email your guests names by **Friday October 4, 2019**

Name (please print)	Title	