

2016 Sponsorship Form



Please return this Sponsorship Form by **May 15, 2016*** to receive all sponsorship benefits.

*Date of sponsorship commitment may impact inclusion on certain print materials.

1. Please complete the following information:

Company Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Email _____

2. I will be a Cash Sponsor for the amount of \$ _____

<input type="checkbox"/> \$10,000+	<input type="checkbox"/> I would like a vendor booth
<input type="checkbox"/> \$7,500-\$9,999	<input type="checkbox"/> I would like a vendor booth
<input type="checkbox"/> \$5,000-\$7,499	<input type="checkbox"/> I would like a vendor booth
<input type="checkbox"/> \$2,500-\$4,999	<input type="checkbox"/> I would like a vendor booth
<input type="checkbox"/> \$1,000-\$2,499	<input type="checkbox"/> I would like a vendor booth
<input type="checkbox"/> \$500-\$999	

_____ *naming opportunity*

_____ *naming opportunity*

Signature: _____ or Verbal Pledge: Date ____/____/____

3. Please select a payment option: All payments must be made by August 30, 2016

Enclosed is my check for \$ _____ made payable to KHS.

Please charge my: Visa MasterCard Discover

Name on card _____

Card Number _____

Expiration Date _____

Signature _____

Please invoice _____ *number* monthly payments of \$ _____ *amount* beginning _____ *date*

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FOR OFFICE USE ONLY

RE: _____

INV: _____

Questions? Email Dana Steffee at dsteffee@kshumane.org.