Sponsorship Levels and Commitment Form

YES! We want to be a sponsor for the Back to School Community Fiesta.

Name ___________________________________________________________ Title ________________________________
Company Name ___________________________ City ___________________________ State _______ Zip _______
Street Address ____________________________________________
Phone ___________________________ Email ___________________________

Signature ____________________________________________ Date ___________________________

_____ GOLD  Lunch for 500 Value $1,500

_____ PLATINUM  300 Meal Coupons/Gift Cards Value $1,150

_____ SILVER  50 Stuffed Backpacks Value $700

_____ COPPER  Water & Fruit for 500 Value $400

_____ NICKEL  Snacks for 400 Value $250

_____ IRON  School Supplies for 10 Students Value $100

_____ TITANIUM  Door Prizes, Goodie Bag Items or Monetary Donations

ATTENTION!

For cash donations only; please complete the Receipt for Cash Donations form.
RECEIPT FOR CASH DONATIONS
CHARLES COUNTY DEPARTMENT OF FISCAL AND ADMINISTRATIVE SERVICES

Please Print Clearly

**Complete this form for cash donations only

Received From: ____________________________________________________________

Business/Individual Name: ________________________________________________

Address

______________________________________________________________

City, State & Zip: ________________________________________________________

Amount of Contribution: ________________________________________________

________ No goods or services were provided in exchange, in whole or in part, for the donation.

________ This donation is to be used at the County's discretion; or

X This donation is to be used specifically for the following purpose:

This donation is in support of County Commissioner Amanda Stewart's 5th Annual Back to School Community Fiesta

Date Received: ________________________ Check#: _________________________

Originator Signature: ________________________________________________

Donor Signature: ________________________________________________

Witness Signature: ________________________________________________

Dept/Division: ________________________________________________

(1) Copy to Donor
(2) Copy to FAS-Accounting
(3) Copy to Originator
(4) Copy to County Attorney’s Office

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