



to benefit
Brehon Institute for
Family Services, Inc.

SPONSORSHIP AGREEMENT

Company Name: _____
Contact: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

I would like to support Brehon Institute’s mission of improving the lives of children and their families. Completion of this agreement confirms my commitment at the following sponsorship level:

- _____ Blue Ribbon Charity Ball Presenting Sponsor \$3,000
- _____ Blue Ocean Sponsor \$1,250
- _____ Bluebonnet Sponsor \$750
- _____ Bluestone Sponsor \$500
- _____ Bluebow Sponsor \$300

Additional Tickets:

_____ Individual Ticket \$75 each _____ = \$ _____
_____ Couple Tickets \$125 each _____ = \$ _____

TOTAL Amount Enclosed: \$ _____

Sponsorship agreement forms may be faxed to Brehon Institute at 850.656.7127 or mailed or delivered to Brehon’s main office at 1311 North Paul Russell Road, Suite A204, Tallahassee, Florida 32301. *In order to receive full recognition as a sponsor, all Sponsorship Agreement forms must be received by Brehon Institute by **March 30, 2010**.* Please make checks payable to Brehon Institute or complete the information below for payment by credit card.

Agreed to by:

Signature, Authorized Representative Date

If your company prefers to pay by credit card, please complete the following information:

circle one: VISA MASTERCARD CARD NUMBER: _____
NAME ON CARD: _____ EXPIRATION: _____
AUTHORIZED SIGNATURE: _____