

Online Sponsorship Commitment Form

Organization Name: (as it should appear on all ma	arketing, advertising & desi	igning (program materials))
Organization Contact:		
Contact Email:		
Contact Phone:		
Contact Address:		
Sponsorship Levels:	① \$3,500 Gold; ②) \$2,250 Silver; and ③ \$1,125 Bronze
Sponsorship Amount:	\$	In-Kind Donation Value: \$(please provide approximate value if donating in-kind)
Payment by Check: Check Enclosed?	○ Yes Yes: Check #	○ No No: Check will be sent by:
Please send completed form LAF Productions, Inc. – Acade PO Box 26333 Little Rock, AR 72221-6333		Productions, Inc.) to:
Payment by Credit Card:		
Amount to be charged to cred	dit card: \$	
Name As Appears On Card:		
Card Type:	○ VISA ○ MASTERCA	ARD \bigcirc AMERICAN EXPRESS \bigcirc DISCOVER \bigcirc DINERS CLUB \bigcirc JCB \bigcirc PAYPAL
Card Number:		
Expiration Date:		Card Verification Value (CVV) or Card Security Code (CSC)
Billing Address (on statement	t):	
Cardholder Signature:		
Additional Information:		
① Graphics: Please email yo	our logo in either eps, jpg c	or png format (300 dpi or higher) to Publisher@LAFproductions.com
② Questions: Contact Custo	omer Service at (877) LAF-L	LAST or (877) 523.5278 or CustomerService@LAFproductions.com
3 Authorization: By signing	g below, you confirm your o	company's commitment to sponsor Academic Air-wareness™ Balloon Contest
Event Location (Building, City	and State)	Event Date or Sponsorship Duration
Name and Title (please print)	l	Date
Signature		