



Online Sponsorship Commitment Form

Organization Name: _____
(as it should appear on all marketing, advertising & designing (program materials))

Organization Contact: _____

Contact Email: _____

Contact Phone: _____

Contact Address: _____

Sponsorship Levels: ① \$4,000 Gold (Calendar Year) ② \$2,800 Silver (Half Year) ③ \$1,750 Bronze (Quarter)

Sponsorship Amount: \$ _____ **In-Kind Donation Value:** \$ _____
(please provide approximate value if donating in-kind)

Payment by Check:

Check Enclosed? Yes No
Yes: Check # _____ **No:** Check will be sent by: _____

Please send completed form and check (Payable to **LAF Productions, Inc.**) to:
LAF Productions, Inc. – Synergy Saturday™
PO Box 26333
Little Rock, AR 72221-6333

Payment by Credit Card:

Amount to be charged to credit card: \$ _____

Name As Appears On Card: _____

Card Type: VISA MASTERCARD AMERICAN EXPRESS DISCOVER DINERS CLUB JCB PAYPAL

Card Number: _____

Expiration Date: _____ Card Verification Value (CVV) or Card Security Code (CSC) _____

Billing Address (on statement): _____

Cardholder Signature: _____

Additional Information:

- ① **Graphics:** Please email your logo in either eps, jpg or png format (300 dpi or higher) to Publisher@LAFproductions.com
- ② **Questions:** Contact Customer Service at (877) LAF-LAST or (877) 523.5278 or CustomerService@LAFproductions.com
- ③ **Authorization:** By signing below, you confirm your company's commitment to sponsor **Synergy Saturday | Health and Wealth Initiative**

Event Location (Building, City and State)

Event Date or Sponsorship Duration

Name and Title (please print)

Date

Signature