



**WATERFIRE SHARON, PA**

# DONATION FORM



Name of Organization/Individual \_\_\_\_\_  
(As you would like it to appear in the media)

Please do not print this name in the media  (check if applicable)

Name of Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

## Donation Level

- |                   |            |                          |                      |                     |                          |
|-------------------|------------|--------------------------|----------------------|---------------------|--------------------------|
| Title Sponsor     | (\$60,000) | <input type="checkbox"/> | Ring of Fire Society |                     |                          |
|                   |            |                          | Brazier              | (\$10,000 +)        | <input type="checkbox"/> |
| Series Sponsor    | (\$40,000) | <input type="checkbox"/> | Torch                | (\$5,000 - \$9,999) | <input type="checkbox"/> |
|                   |            |                          | Flame                | (\$2,500 - \$4,999) | <input type="checkbox"/> |
| Lead Fire Sponsor | (\$25,000) | <input type="checkbox"/> | Fire Tender          | (\$1,000 - \$2,499) | <input type="checkbox"/> |
|                   |            |                          | Valued Supporter     | (up to \$999)       | <input type="checkbox"/> |

I am interested in sponsoring a Signature Event with naming rights

**Please note the media deadline for sponsorships is February 4, 2013.**

We cannot guarantee full media coverage of pledges and donations received after this deadline.

Sponsorship logos must be provided in a print ready pdf file

<b>Payment Method</b>	Check <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Please Invoice <input type="checkbox"/>
Checks can be made payable to: <i>WaterFire Sharon</i>			
Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/>			
Card Number _____	Exp Date _____	Security Code # _____	
Authorized Signature _____	Date _____		

**For more information regarding WaterFire Sharon contact**  
Dayna Shaw Sear at [dayna@comm-foundation.org](mailto:dayna@comm-foundation.org) or 724-981-5882 x111

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_