

SPONSORSHIP COMMITMENT FORM

YES, I want to support the Cleveland Rape Crisis Center by sponsoring the
35th Anniversary Luncheon
Celebrating 35 years of Strength. Compassion. Hope.

- CHAMPION Sponsor: \$10,000
 - CHANGE MAKER Sponsor: \$5,000
 - ADVOCATE Sponsor: \$3,000
 - BENEFACTOR Sponsor: \$1,500
- EVENT COMMITTEE: I want to help promote Shatter the Silence about Sexual Violence. Please contact me about joining the Event Committee.
- DONATION: I am not able to sponsor the 35th Anniversary Luncheon, but please accept my donation of: _____

INFORMATION:

Name _____

Company/Organization _____ Check here if this is a matching gift organization.

Address _____

Daytime Phone _____ Evening Phone _____

E-mail _____

- Check here if this is a Corporate/Foundation sponsorship or donation.

PAYMENT:

- CHECK Please make payable to Cleveland Rape Crisis Center

Amount enclosed: \$ _____

- BILL ME

- CHARGE MasterCard Visa American Express

CARD # _____ EXPIRATION DATE _____

NAME ON CARD _____

SIGNATURE _____

*Your sponsorship/donation is tax-deductible to the full extent allowed by law.
CRCC will send you an acknowledgement for tax purposes.*

*Please mail or fax this form to Cleveland Rape Crisis Center
1370 Ontario Street, Suite 420, Cleveland, OH 44113
Fax: 216.619.6195
www.clevelandrapecrisis.org*