



24- 25 Sponsorship Commitment Form

Please print clearly or type the requested information below, as it should appear on your sponsorship. Please email your completed form to presidentelect@fpra-capital.org. Full payment must be received at the time of invoice.

SPONSOR INFORMATION

Contact Name: _____ Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Website: _____

SPONSORSHIP AGREEMENT

Yes, my company would like to help sponsor the FPRA Capital Chapter at the following level:

	Sponsorship Type	Sponsorship Level	Amount
	ANNUAL EXCELLENCE IN COMMUNICATIONS AWARDS & LEADERSHIP CELEBRATION	_____	
	PROFESSIONAL DEVELOPMENT EVENT MONTH: _____	_____	
	ANNUAL ER FOR PR	_____	
	STUDENT CAPITAL CHAPTER	_____	
	WEBSITE & SOCIAL MEDIA QUARTER/MONTH: _____	_____	
	E-NEWSLETTER QUARTER/MONTH: _____	_____	
	IN-KIND SPONSORSHIP	TYPE: _____	VALUE: _____

TOTAL COMMITMENT \$ _____

METHOD OF PAYMENT

Invoice Me
 Company Check
 Credit Card - *will incur a 4% convenience fee*

Card Number: _____ Visa MasterCard AMEX

Cardholder Name: _____ Billing Zip: _____ Expiration Date: _____ CCV: _____

Signature of Authorized Representative: _____ Date: _____