## YES, COUNT US IN!

## PLEASE INCLUDE US AS A SPONSOR OF THE PORTAGE FOUNDATION EVENTS

CONTACT NAME			
ORGANIZATION NAME (Please indicate hor	w it should be listed in promotional mate	erials)	
PHONE NUMBER WORK CEL	LL EMAIL		
SPONSORSHIP LEVEL (Choose One)	GIFT PAYMENT METHC	GIFT PAYMENT METHOD (Choose One)	
☐ Visionary Leader (Title Sponsor) - \$10,0	00	☐ Check to the Portage Foundation	
Legacy Sponsor - \$5,000	☐ Credit Card:	☐ Credit Card:	
Community Builder - \$2,500	☐ Visa ☐ Ma	ster Card	
Community Supporter - \$1,000			
Community Advocate - \$500			
NAME ON CARD	CARD NUMBER		
SECURITY CODE	EXPIRATION DATE	EXPIRATION DATE	
BILLING ADDRESS			
CITY	STATE	ZIP	
		Make an Online Payment:	
SIGNATURE	DATE	0.4.7.40	
	om & In-Kind Opportunities for Sponsorship Also Available:		

## Please return to:

Portage Foundation PO Box 623 Kent, OH 44240

## **Questions:**

Janice Simmons-Mortimer, Exec Director jsmortimer@portagefoundation.org 330.470.8950

Let's work together to create a sponsorship plan that meets your specific goals. Contact us for more information.

