



SPONSORSHIP AGREEMENT FORM

2014 ANNUAL DINNER

This annual event honors the accomplishments of survivors, volunteers, and community partners who join with SARCC to create a safety net for individuals and families impacted by sexual violence.

_____ wishes to become a sponsor of SARCC's Annual Dinner as a:

_____ **\$1,000 – Keynote Sponsor**

- Name recognition at registration, on all guest tables, and in program
- Introduction of keynote speaker
- Display table at registration area
- Reserved seating for a table of eight

_____ **\$500 – Award Sponsors**

- Name recognition in program
- Presentation of award
- Reserved seating for four

_____ **\$250 – Program Sponsors**

- Name recognition in program
- Reserved seating for two

Signature

Date

Please email a jpg of your logo to: admin@sarcclebanon.org

SARCC will invoice you for payment within 30 days of your signature.

SARCC * 615 Cumberland Street, Lebanon, PA 17042 * 717-270-6972 ext 350

SPONSOR INFORMATION:

Organization Name: _____

Address: _____

Contact Person: _____

Telephone: _____

Email address: _____