 

**Event – Sponsorship Form**

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| Senior Services / HBCOA Event: | |
| Date of Event: | Time of event: |
| Sponsor/Company/Group name: | |
| has agreed to **Sponsorship level** or **Category**: (choose ONE) | |
| Non-specific sponsorship | |
| Specific sponsorship for: | |
| for an agreed upon donation to the HBCOA in the amount of: $ | |

**For this amount the sponsor will receive the following**

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| List specific items, i.e, literature table, banner, announcements, etc. |

**Sponsor contact name and information**

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| Name: | Email: |
| Address: | |
| City, State, Zip | |
| Phone: | |

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| HBCOA member/Staff name: |
| Date of agreement: |

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| HBCOA/CFO Notes: |
| HBCOA Sponsorship/Invoice #: |