 

**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 #:       |