



Contact Information

Company Name _____
 Contact Name _____ Title _____
 Address _____
 Address 2 _____
 City _____ State _____ Zip _____
 E-mail _____ Phone _____

Sponsorship Level

My company/I will participate in Citizens' 2017 Awards Dinner at the level selected below.

Presenting Sponsor - \$5,000 +
 Gold Sponsor - \$1,500 - \$2,499
 Bronze Sponsor - \$500 - \$999
 Platinum Sponsor - \$2,500 - \$4,999
 Silver Sponsor - \$1,000 - \$1,499
 Event Host - \$200 - \$499

Payment Options

I would like to pay my sponsorship commitment as follows:

Date	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Select One:

Visa
 MasterCard
 AMEX
 Discover
 Check Enclosed
 Send Invoice *

I authorize Citizens Against Recidivism to charge my credit card according to the schedule above.

Card Number _____ Exp. Date _____ Security Code _____
 Cardholder Name _____ Signature _____ Date _____
 Billing Address: _____

*** Invoiced sponsorships have to be paid in full by October 1, 2017**