

Sponsorship Agreement Form



As a *Toast To Life* Sponsor, you are entitled to all of the benefits listed on the 2009 Sponsorship Brochure at the level you select.

Please print clearly

CONTACT INFORMATION

Contact person

Company name

Address

City

State Zip

Daytime Telephone Number

Fax Number

Mobile Telephone Number

E-mail Address - This will be primary contact method for this event.

Benefiting programs of Resource Center of Dallas

With your help Resource Center of Dallas operates the John Thomas Gay & Lesbian Community Center and Nelson-Tebedo Health Resource Center for HIV and AIDS Services, as well as over 35 additional programs, services and events.

Please Note:

Deadline to be listed in the event program is March 20, 2009. Your sponsorship is tax deductible to the fullest extent of the law.

Visit us online

www.toasttolife.org

Please show my sponsorship as Anonymous.

LISTING INFORMATION

List sponsor exactly as it should appear in print: _____

Please select where this sponsorship may be used:

- I elect to be listed on all *Toast To Life* printed and marketing materials as outlined at my Sponsor level. My sponsorship listing may also be used in other press releases and marketing information produced by Resource Center of Dallas that may result in extra publicity.
- I elect to be listed on all *Toast To Life* marketing materials as outlined at my Sponsor Level ONLY.
- I elect for my sponsorship **not** to be listed on any material produced in conjunction to *Toast To Life*.

PAYMENT INFORMATION

I agree to sponsor *Toast To Life* at the following level: (select one)

\$25,000
Champagne

\$10,000
Cabernet Sauvignon

\$5,000
Merlot

\$2,500
Chardonnay

\$1,000
Pinot Noir

I am unable to sponsor but wish to donate \$_____ to *Toast To Life*.

My payment is: Included Will be paid by: _____ (date)

PAYMENT INFORMATION & TERMS:

Payment in full (by check or credit card) is requested with your signed Sponsor Agreement Form.

ALL PAYMENTS MUST BE RECEIVED BY Mar 20, 2009

Make checks payable to: **RESOURCE CENTER OF DALLAS**

CREDIT CARD INFORMATION:

Visa MasterCard AMEX Discover

Credit Card Number

EXP

Name as appears on card

Billing address, City, State, Zip

MAIL OR FAX COMPLETED AGREEMENT TO:

Resource Center of Dallas

Attn: Dean Wilson

2701 Reagan St

Dallas, TX 75219

Office: 214-528-0144 Fax: 214-522-4604

Email: dwilson@rcdallas.org

FOR TTL STAFF USE ONLY

Date Rec'd: _____

Date Processed: _____

Amount of charge

Signature

I agree to the charges indicated above to be charged to my account by Resource Center of Dallas for *Toast To Life*. Refunds *cannot* be made after a Sponsorship has been made, please check all information carefully.

Thank You! Resource Center of Dallas and *Toast To Life* gratefully acknowledge your generous support.

Sponsor Signature

Date

United Way



Resource Center of Dallas is proud to be a United Way Agency.

A 501(c)3 Organization
Tax ID # 75-1892059

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