

# 2017 Sponsorship Form



Please return this Sponsorship Form by **May 15, 2017\*** to receive all sponsorship benefits.

\*Date of sponsorship commitment may impact inclusion on certain print materials.

## 1. Please complete the following information:

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

## 2. I will be a Cash Sponsor for the amount of \$ \_\_\_\_\_

<input type="checkbox"/> \$10,000+	<input type="checkbox"/> I would like a vendor booth
<input type="checkbox"/> \$7,500-\$9,999	<input type="checkbox"/> I would like a vendor booth
<input type="checkbox"/> \$5,000-\$7,499	<input type="checkbox"/> I would like a vendor booth
<input type="checkbox"/> \$2,500-\$4,999	<input type="checkbox"/> I would like a vendor booth
<input type="checkbox"/> \$1,000-\$2,499	<input type="checkbox"/> I would like a vendor booth
<input type="checkbox"/> \$500-\$999	

\_\_\_\_\_ naming opportunity

\_\_\_\_\_ naming opportunity



Signature: \_\_\_\_\_ or Verbal Pledge:  Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 3. Please select a payment option: **All payments must be made by August 30, 2017**

Enclosed is my check for \$ \_\_\_\_\_ made payable to KHS.

Please charge my:  Visa  MasterCard  Discover

Name on card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Please invoice \_\_\_\_\_ number monthly payments of \$ \_\_\_\_\_ amount beginning \_\_\_\_\_ date

Kansas Humane Society  
3313 N Hillside  
Wichita, KS 67219

Office: (316) 220-8707  
Fax: (316) 554-0356

FOR OFFICE USE ONLY

RE: \_\_\_\_\_

INV: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Questions? Email Stephane Hislop at [shislop@kshumane.org](mailto:shislop@kshumane.org).