

SPONSOR AND DONATION COMMITMENT FORM

CONTACT INFORMATION

Individual or Business Name:

Main Contact:

Email:

Phone:

Fax:

Address:

City:

State:

Zip:

SPONSORSHIP LEVEL

Advocate –\$5000 Partner –\$2500 Supporter –\$1000 Ally –\$500 Other: \$_____

Our organization is declining a resource table at the event

PAYMENT INFORMATION

Check for \$_____ mailed on_____

Please **submit payment by May 14, 2022**, and make checks payable to: *Star Vista-Pride Initiative*

Please **write "Pride Initiative" in the memo section** of the check

Mail Checks to:

San Mateo County Pride Initiative

c/o Dana Johnson

3182 Campus Drive #343

San Mateo, CA. 94403

Your check will be submitted to our fiscal sponsor, San Mateo County Pride Center, a program of Star Vista, a tax-exempt 501(c)(3) organization. *Donations are tax-deductible under IRS guidelines. You will receive a sponsorship letter with the tax information, including Tax Id number, for your records.*

LOGO ART AND ADVERTISING

Please list the person at your organization who will supply logo art and/or advertising materials.

Main Contact:

Phone:

Email:

Thank you!