



Women of Color Cultural Foundation, Inc.

P.O. Box 43632
Jacksonville, Florida 32203-3632
(904) 635-5191

2010 HEALTH SYMPOSIUM FOR PEOPLE OF ALL NATIONS

Wednesday, July 28, 2010

SPONSORSHIP COMMITMENT FORM

Please complete this commitment form to indicate sponsorship level selected and other pertinent information. Upon receipt of this form an invoice will be forwarded.

NAME (*Contact Person*) _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

SPONSOR LEVELS:

_____ \$50,000 _____ \$25,000 _____ \$15,000

_____ \$10,000 _____ \$5,000 _____ other

Payment Information (Please Type of Print Clearly)				
<input type="checkbox"/> American Express	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> Master Card	Card Number, Expiration Date:
Cardholder:				Check Number, Date:

Authorized Signature _____ **Date** _____

Make check payable to **Women of Color Cultural Foundation, Inc.** Mail all payments to P.O. Box 43632, Jacksonville, Florida 32203-3632.

Sponsorship commitments received by May 29, 2009 will ensure inclusion in printed materials. Please forward your camera-ready logo to helen.jackson4@comcast.net or mail to P.O. Box 43632, Jacksonville, Florida 32203.

THANK YOU FOR YOUR SUPPORT!