



2024 EVENT SPONSORSHIP

THANK YOU FOR YOUR SUPPORT!

By completing this form, you are confirming that your business/organization would like to commit to a 2024 Sponsorship of Community Cares Game Day. Thank you for helping us make a difference in the lives of so many!

COMPANY _____

CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

SPONSORSHIP LEVEL

- Diamond Club (\$10,000)
- Gold Glove (\$5,000)
- No Hitter (\$2,500)
- Homerun (\$1,000)
- Bullpen (\$500)

PLEASE INDICATE PREFERRED PAYMENT METHOD

- CHECK ENCLOSED
- MASTERCARD VISA AMEX DISCOVER

AMOUNT \$ _____ EXPIRATION DATE _____

CARD NUMBER _____ CVV _____

NAME ON CARD _____

Sponsor Online at
OpportunityAlliance.org/events

Contact:
 Connor.Archibald@OpportunityAlliance.org or 207-553-5985