

*To discuss Sponsorship opportunities, please contact:* 

Christine Mowry *Executive Director* cmowry@syfs-ma.org 508–561–6159

## **SPONSORSHIP COMMITMENT FORM**

Name of Sponsor:

Address:

Contact Name:

Contact Phone:

Contact Email:

Website:

- \_\_\_ Distinguished Partner (\$10,000)
- \_\_\_ *Hope Partner (\$5,000)*

\_\_\_ Community Partner (\$2,500)

## **Contract Period**

\_\_\_ Friend of SYFS (\$1,000)

SYFS agrees to provide the benefits in accordance with the chosen sponsorship level for the 12-month period agreed upon, in exchange for payment rendered. Each sponsorship is for a 12-month period and is renewable upon mutual agreement.

**Sponsor Representative** 

**Christine Mowry, Executive Director**