

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