

Name of Sponsor:__

To discuss Sponsorship opportunities, please contact:

Lynn Lynch
Interim Executive Director
llynch@syfs-ma.org
508-845-6932 x304

SPONSORSHIP COMMITMENT FORM

Address:	
Contact Name:	
Contact Phone:	
Contact Email:	
Website:	
Distinguished Partner (\$ Hope Partner (\$5,000) Community Partner (\$2 Friend of SYFS (\$1,000)	,500)
SYFS agrees to provide the benefit sponsorship level for the 12-month p payment rendered. Each sponsorshi renewable upon mi	eriod agreed upon, in exchange for ip is for a 12-month period and is
Sponsor Representative	Lynn Lynch