



**SPONSORSHIP FORM**

Friday, November 15, 2019  
 11:00 a.m. – Reception  
 11:30 a.m. – Awards Luncheon

*Sponsor reservations may be made online at [www.afphouston.org](http://www.afphouston.org)*

**I/We would like to reserve:**

- \_\_\_\_\_ **\$15,000 PRESENTING SPONSOR**  
 Premier sponsor recognition in invitation, program, and website. Includes premier seating for 2 tables of ten, electronic logo projection, and opportunity to present an award at podium. *\$900 Fair Market Value*
- \_\_\_\_\_ **\$10,000 FRIENDS OF NATIONAL PHILANTHROPY DAY®**  
 Priority recognition in invitation, program, and website. Includes priority seating for 1 table of ten, and electronic logo projection. *\$450 Fair Market Value*
- \_\_\_\_\_ **\$8,500 ULTIMATE GIFT**  
 Preferred recognition in invitation, program, and website. Includes preferred seating for 1 table of ten, and electronic logo projection. *\$450 Fair Market Value*
- \_\_\_\_\_ **\$5,000 LEADERSHIP GIFT**  
 Recognition in invitation, program, and website. Includes leading seating for 1 table of ten. *\$450 Fair Market Value*
- \_\_\_\_\_ **\$2,500 MAJOR GIFT**  
 Recognition in invitation and program. Includes 1 table of ten. *\$450 Fair Market Value*
- \_\_\_\_\_ **\$1,500 BOUNTIFUL GIFT**  
 Recognition in invitation and program. Includes 1 table of ten. *\$450 Fair Market Value*
- \_\_\_\_\_ **\$\_\_\_\_\_ GIFT AMOUNT** I am unable to attend or attending as a guest. Please accept my tax-deductible gift.

*CONTRIBUTIONS ARE TAX-DEDUCTIBLE TO THE EXTENT PERMITTED BY LAW.*

**PRINT DEADLINE FOR INVITATION LISTING IS MONDAY, SEPTEMBER 23, 2019.**

*Name/Organization (please print exactly as it should appear in printed materials)*

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Contact Person	Title	Telephone	E-mail
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Address	City	State	Zip Code
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<b>Payment Options:</b> <input type="checkbox"/> Check number _____ payable to AFP is enclosed.			
Credit Card Number: _____		Amex <input type="checkbox"/>	MC <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/>
Exp. Date: _____			
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Name as it appears on credit card		Signature	

**Please return to:**

**AFP Greater Houston Chapter**  
 2929 Allen Parkway, Ste 200, Houston, TX 77019  
 For questions, please contact the AFP-GHC office:  
 Email: [Admin@AFPHouston.org](mailto:Admin@AFPHouston.org), 832-871-5961