|  |  |
| --- | --- |
|  | **PRESENTED BY**TheSip   Place text here that introduces your organization and describes your specific products or services. This text should be brief and should entice the reader to want to know more about the goods or services you offer. |

## The sip sponsorship commitment form

**Sponsorship Levels**

|  |  |
| --- | --- |
|[ ]  Title Sponsor - $10,000  |  |
|[ ]  Gold Sponsor - $5,000 |
|[ ]  Silver Sponsor - $2,500  |
|  |  |

|  |
| --- |
| Sponsor Information  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | . | . | . |
|  | Last | First |  Company |
| Address: | . |  | . |
|  | Mailing Address |  |  Apartment/Unit # |
|  | . | . | . |
|  | City | State |  ZIP Code |
| Telephone: | . |  Email: | . |

|  |  |
| --- | --- |
| How would you like to be referenced for sponsor recognition? | . |
|  |  |

 |
| Payment Information |
|

|  |  |
| --- | --- |
|  |  |
|  Enclosed is a check for $ | . |  **Please make checks payable to: Colorado State Fair Foundation** |

 ***For credit card purchases, please provide information below or call our office at (719)404-2010*** |
|

|  |  |  |
| --- | --- | --- |
|[ ]  VISA |[ ]  American Express |  |
|[ ]  MasterCard |[ ]  Discover |  |
|   Please charge my card for $ | . |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Credit Card #: | . |  Exp. Date: | . | Security Code: | . |

|  |  |
| --- | --- |
| Card Holder Signature: | . |

 |
|  |
| Mail completed form with payment to: Colorado State Fair Foundation, P.O. Box 2218, Pueblo, CO 81004 |

 CSFF Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your support!**