



**CHANGE THE
WORLD WITH
AN INCLUSIVE
HEART**

AFP - HOUSTON CHAPTER
2021 NATIONAL PHILANTHROPY DAY

SPONSORSHIP FORM

FRIDAY, NOVEMBER 12, 2021

11:00 A.M. - RECEPTION

11:30 A.M. - AWARDS LUNCHEON

Sponsor reservations may be made online at

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 or Delivery of premier family style lunch for 20 to one location, 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 or Delivery of premier family style lunch for 10 to one location, 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 or Delivery of premier family style lunch for 10 to one location, 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 or Delivery of bistro style lunch for 10 to one location. \$450 Fair Market Value

\$2,500 MAJOR GIFT

Recognition in invitation and program. Includes 1 table of ten or Delivery of bistro style lunch for 10 to one location. \$450 Fair Market Value

\$1,500 BOUNTIFUL GIFT

Recognition in invitation and program. Includes 1 table of ten or Delivery of bistro style lunch for 10 to one location. \$450 Fair Market Value

\$_____ GIFT AMOUNT I am unable to attend . Please accept my tax-deductible gift.

CONTRIBUTIONS ARE TAX-DEDUCTIBLE TO THE EXTENT PERMITTED BY LAW. PRINT DEADLINE FOR INVITATION LISTING IS MONDAY, OCTOBER 27, 2021.

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

Contact Person Title Telephone E-mail

Address City State Zip Code

Enclosed is my check made payable to AFP. Please charge my VISA AMEX DISCOVER MC

Name on Card Signature

Credit Card# Security Code Expiration Date

PLEASE RETURN TO:

AFP Greater Houston Chapter | 2929 Allen Parkway, Ste 200, Houston, TX 77019

For questions, please contact the AFP-GHC office: Admin@AFPHouston.org or 832-871-5961