



2017/2018 ANNUAL SPONSORSHIP FORM

Impact 100
4010 Executive Park Dr., Ste 100
Cincinnati, Ohio, 45241

www.impact100.org

CHECK ONE:

- Big Impact! Sponsor **\$5,000**
- Impact Advocate Sponsor **\$2,500**
- Friend of Impact Sponsor **\$1,000**

Company Name: _____
As you wish it to appear for recognition purposes

Contact Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

PLEASE CHECK ALL THAT APPLY:

- I would like to make a three-year sponsorship commitment at the \$_____ level each year.
- I have enclosed a check in the amount of \$_____
Please make check payable to Impact 100.
- I pledge \$_____
Please invoice us
- We are unable to become a sponsor at this time. Please accept our tax-deductible contribution of \$_____ in support of Impact 100.

**ALL SPONSORSHIPS MUST BE PAID IN FULL BY
AUGUST 4, 2017**

FOR MORE INFORMATION REGARDING IMPACT 100
SPONSORSHIP OPPORTUNITIES, PLEASE CALL
513-554-3065 OR EMAIL ADMINISTRATION@IMPACT100.ORG