

**Association of Fundraising Professionals  
Central Florida Chapter  
Meeting Sponsorship Application Form**



**Sponsor Information:**

Company/Individual name \_\_\_\_\_

CORPORATE OR INDIVIDUAL NAME FOR PRINTED AND VERBAL RECOGNITION:

\_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Sponsor address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please invoice

**Total:**  Check enclosed – Please make checks payable to:

**AFP Central Florida Chapter**

\$ \_\_\_\_\_  Credit card - AFP will send an electronic invoice to pay by PayPal

(VISA, MasterCard, Discover and Am Ex)

Name as it appears on card: \_\_\_\_\_

Credit card #: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ 3-4 digit CVV code: \_\_\_\_\_

**Yes! Please reserve the following luncheons (see website for dates):**

	January
	February
	March
	April
	May
	June
	July
	August
	September
	October
n/a	No Nov meeting due to NPD
	December

Please return application to:  
AFP PO Box 398, Winter Park, FL 32790  
or electronically at: [mail@afpcentralflorida.org](mailto:mail@afpcentralflorida.org)