

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



**Sponsor Information:**

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

NAME FOR PRINTED AND VERBAL RECOGNITION IF DIFFERENT FROM ABOVE:  
\_\_\_\_\_

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

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

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

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

**Sponsorship Information:**

\$300 - Monthly Meeting Sponsorship | Preferred Meeting Month/Date: \_\_\_\_\_

\$500 - Two Month Meeting Sponsorship | Preferred Meeting Dates: \_\_\_\_\_

\$750 - Two Month Meeting Sponsorship and Two Tickets to National Philanthropy Day

Preferred Meeting Dates: \_\_\_\_\_

**Payment Information:**

Please invoice - AFP will send an electronic invoice to pay by PayPal

Check enclosed – Please make checks payable to: **AFP Central Florida Chapter**

Credit card (VISA, MasterCard, Discover and Am Ex)

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

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

*Thank you for supporting the Association of Fundraising Professionals Central Florida Chapter!*