

Seven Days Of Opening Nights 2008 Corporate Sponsor Commitment



Contact Information

Name (as it will appear in printed materials):

Contact Name:

Primary Address:

City: State: ZIP:

Phone:

Fax:

E-mail:

URL desired for website hyperlink:

Sponsor Commitment

Please check one:

- Bronze (\$5,000)
 Silver (\$7,500)
 Gold (\$10,000)
 Platinum (\$20,000)

Payment Options

Please check one:

- Check to FSU Foundation enclosed
 Please charge my Visa/Mastercard
Card #: _____
Expiration date: _____

Signature: _____

Please invoice me on _____ (date)

Seven Days of Opening Nights
216 Westcott Building
P.O. Box 3061350
Tallahassee, FL 32306-1350

Verified by (signature): _____ Date: _____