



Women's Center of Greater Danbury, Inc. Sponsorship Agreement

1. Type of Sponsor: _____ Corporation _____ Individual _____ Foundation

2. Sponsorship Level:

- \$10,000 Exclusive \$5,000 Premium \$2,500 Advocate
 \$1,500 Friend \$500 Member Other _____

3. Sponsor Information: Name _____

Contact Name _____

Mailing Address _____

City _____

Phone _____

E-mail _____

4. Type of contribution: (please check one)

- Cash Donation
 In-Kind Donation \$ _____
(In-kind donations are recognized at 50% of fair market value)

5. Please sign and return this form along with a check made payable to the Women's Center of Greater Danbury

2 West Street, Danbury, CT 06810
(203) 731-5200, Fax: (203) 731-5207
womenscenterofgreaterdanbury.org
womens.cntr@snet.net

Signature

Date

Thank you very much for your tax-deductible donation.