2018 NATIONAL PHILANTHROPY DAY® COMMITMENT FORM

I/WE WOULD LIKE TO SUPPORT AFP AT THE FOLLOWING LEVEL:		INFORMATION:
Award & Naming Sponsor Requires a 3-year commitment	\$6,000	
Award Sponsor	\$5,000	SPONSOR NAME (for name of the table)
Dessert Sponsor	\$3,500	
Celebration Sponsor	\$2,500	CONTACT NAME
Table Sponsor*	\$1,250	NAME OF CONTACT REGARDING GUEST LIST
* A Table Sponsorship is \$1,010 tax deductible and \$240 non-deductible AFP Central Ohio Tax ID #31-1161987		(if different)
ATT CERTIFIC TOX 15 #31 HOTSO		MAILING ADDRESS
PAYMENT: Receipt of all sponsorship payments requested by November 10, 2018.		CITY
Request a phone call for credit card payment		STATE ZIP
Check made out to Central Ohio AFP-NPD and mailed to: AFP, PO Box 163955 Columbus, OH 43216-3955		
		PHONE
Request an invoice		FAX
Request a W-9		
		EMAIL

INSTRUCTIONS AND QUESTIONS:

Submit form electronically to Ben Miller, 2018 NPD Sponsorship Chair, miller.5105@osu.edu. For questions, contact Ben via email or at 234-380-7823.

