



COMMUNITY PARTNER SPONSORSHIP FORM



Names: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (include area code): _____

Email: _____

*Please list my/our name(s) [whether corporate or individual] as follows:

Sponsor Levels:

Please select your sponsor level and write the total donation amount in the field below

Diamond
\$3,000+

Platinum
\$1,500+

Gold
\$750

Silver
\$300+

Other

Total Amount: _____

Payment:

Payment Type (American Express, MasterCard, Discover, Check enclosed., Invoice me)

Card # _____ CVV: _____ Exp Date: _____

Name on Card: _____ Signature _____

Mail to: Community Day School
Attn: Development Office
4335 Wilkinson Road
Sarasota, FL 34233

