



**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  
\$10,000+

Platinum  
\$5,000+

Titanium  
\$7,500+

Gold  
\$3,000+

Silver  
\$1,500

Bronze  
\$500+

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