



CORPORATE 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
\$6,000+

☐ Gold
\$3,000+

☐ Silver
\$1,500+

☐ Bronze
\$750+

☐ Colleague
\$250+

☐ 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

