HERSHORIN SCHIFF
COMMUNITY
DAY SCHOOL

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+
- ☐ Friend $360+
- ☐ Other

Total Amount: _____

Scan to complete your sponsorship payment online

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

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (1-800-435-7352) WITHIN THE STATE OR VISITING freshfromflorida.com. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. 100% of each contribution is received by Hershorin Schiff Community Day Schools of Tomorrow (Registration #CH46647)