



# Opening Nights Sponsorship Form

## CONTACT INFORMATION

COMPANY NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ CEO/PRESIDENT \_\_\_\_\_

PRIMARY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE/WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL (VERY IMPORTANT) \_\_\_\_\_

WEBSITE (OPTIONAL) \_\_\_\_\_

## SPONSOR COMMITMENT

**Platinum** (\$20,000 +)     **Gold** (\$10,000–\$19,999)     **Silver** (\$5,000–\$9,999)     **Bronze** (\$2,500–\$4,999)

## PAYMENT OPTIONS

Check enclosed to **FSU Foundation** (memo line: "Opening Nights Sponsorship"); **OR**

Please charge my:     **VISA**     **MasterCard**     **American Express**

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ INVOICE ME ON (DATE) \_\_\_\_\_

VERIFIED BY (SIGNATURE) \_\_\_\_\_ DATE \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<b>SEASON:</b> _____	<b>COMMITMENT:</b> <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years
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