



COMMITMENT FORM

Company Name: _____
Address: _____
Contact Person/Title: _____ Telephone: _____
Email: _____

YES! We are pleased to become a member of Kids' Chance of Florida at the following level (check one):

- _____ **Partner** (\$20,000 four-year commitment; \$5,000 annual contribution)
_____ **Associate** (\$10,000 four-year commitment; \$2,500 annual contribution)
_____ **Supporter** (\$500 and above annual contribution)

If paying by check:

Our contribution of \$_____ will be paid: _____ Lump Sum _____ Quarterly

If paying by credit card:

Please charge a total of \$_____ to my credit card as follows:

\$_____ Lump Sum

\$_____ Quarterly

Credit Card Number _____ Exp. Date _____ CVV _____
Billing Address: _____ Zip Code: _____

_____ Our check is enclosed.

_____ We will contribute online at www.kidschancefl.org.

Your organization will be recognized on the Kids' Chance of Florida website (all giving levels) and at all Kids' Chance of Florida events (multi-year commitment). We will be happy to work with you to accommodate any specific requests such as photo opportunities and company newsletter articles.

We understand that Kids' Chance of Florida, Inc. will utilize our sponsorship contribution at the discretion of its Board of Directors in fulfilling the mission of Kids' Chance.

Please mail checks with the completed commitment form to:
Kids' Chance of Florida, Inc.
PO Box 1648
Sarasota, FL 34230-1648

Kids' Chance of Florida, Inc. is a registered 501(c)(3) non-profit, tax-exempt charitable organization.