

National Capital Philanthropy Day



Presented by: **The Association of Fundraising Professionals/Washington DC Metro Area Chapter**
November 1, 2007 • 11:00 am - 2:00 pm • Marriott Wardman Park Hotel, Washington, DC

Sponsorship Commitment Form 2007

Thank you for your sponsorship of this year's event. Your support will help provide important recognition to our region's philanthropic leaders, inspire others to broaden the impact of community giving, and serve as a tangible expression of your commitment to our philanthropic community.

Name of Organization (as it should appear in the program)

Contact Name

Address

City State Zip

Telephone Fax E-mail

Signature of primary contact Title Date

Sponsorship Level:

- Friend: \$1,500 (unlimited)**
- Patron: \$2,500 (only six available)**
- Supporting Sponsor: \$5,000 (only four available)**
- Lead Sponsor: \$7,500 (only four available)**
- Premier Sponsor: \$10,000 (only two available)**

Please make checks payable to: AFP/DC and note "NCPD Sponsorship 2007" on the memo line. To receive recognition in event materials, return this form and payment by **October 1, 2007**. As a Lead or Premier Sponsor, to be recognized in the event invitation, AFP/DC must receive your form and payment no later than **August 31, 2007**.

Send your form and payment to:

Philanthropy Day Sponsorship Committee
AFP/DC, 8201 Greensboro Drive
Suite 300, McLean, VA 22102

Phone: **703.610.9023**
Fax: **703.610.9005**
E-mail: **info@afpdc.org**

Registration Form 2007 –Sponsor

I am a sponsor at the following level:

Friend
 Patron
 Supporting Sponsor
 Lead Sponsor
 Premier Sponsor

(Sponsors at every level are entitled to a table of 10.)

Name of Person / Credential	Name of Organization	E-mail of Person	Special Meal
<small>(for name badge)</small>	<small>(for name badge)</small>	<small>(required for confirmation notice)</small>	<small>(i.e. dairy free, vegetarian)</small>
You may also submit this information online at www.afpdc.org .			
1			
2			
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Payment Information

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____

Check enclosed
 Credit Card Number: _____ Exp Date: _____

Credit Card Type:
 Visa
 MasterCard
 American Express
 Total Due: \$ _____

Signature: _____

Please make checks payable to "AFP/DC" and note "NCPD Sponsor Registration 2007" on the memo line. To receive recognition in program materials, you must return this form and payment by **October 1, 2007**, to: AFP/DC, 8201 Greensboro Drive, Suite 300, McLean, VA 22102.

To ensure that each of your guests has his/her own name badge, please provide all guest names by **October 15**. All name badges may be picked up at the registration counter on the day of the event.

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