



## **SPONSOR SHEET**

Person / Company \_\_\_\_\_ Date \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Key Contact \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

Direct Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Fax \_\_\_\_\_

2. Secondary Contact \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

Direct Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Fax \_\_\_\_\_

### **LEVELS OF SPONSORSHIP\***

**\$500 – Private Sponsor**

**\$1000 – Specialist Sponsor**

**\$1500 – Sergeant Sponsor**

**\$2500 - Lieutenant Sponsor**

**\$5000 - Captain Sponsor**

**\$10,000 - Colonel Sponsor**

**\$25,000 - General Sponsor**

**\$50,000 - Commanding Officer Sponsor**

**Send to: ARMED SERVICES' ALLIANCE PROGRAM**

**PO BOX 189604 SACRAMENTO, CA 95818**

*\*NOTE: Remember to write down your TAX DEDUCTABLE information for the donation/sponsorship*