



**VIRGINIA ASSOCIATION OF FUNDRAISING EXECUTIVES (VAFRE)
SPONSORSHIP FORM**

Contact Information

Organization Name

Primary Contact Name

Title

Street Address

City, State, Zip Code

Phone

Email

Website

Sponsorship Desired

Luncheon Sponsor

___ \$1,000 Signature Luncheon Sponsor (exclusive)

___ \$500 Luncheon Sponsor (shared)

_____ Luncheon Date

Workshop Sponsor

___ \$1,500 Signature Workshop Sponsor (exclusive)

___ \$750 Break Sponsor (shared)

_____ Workshop Date

Awards Luncheon

___ \$1,500 Annual Awards Luncheon Sponsor (exclusive)

_____ Awards Luncheon Date

All sponsorships are payable on or before the date of the scheduled luncheon or workshop.

We agree to adhere to the sponsor guidelines and agree upon the sponsor benefits for this level.

Signature

Date