

Sponsorship Commitment



2015 Form

Sponsor Name: _____
(As it will appear on www.ccrcca.org)

Company: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Contact Name: _____
(if other than sponsor)

Title: _____ Email: _____

Fax: _____

Your sponsorship will be used to support activities that benefit the lives of children and families served in the San Fernando, Santa Clarita and Antelope Valleys and San Bernardino County. Activities may include CPR training, age-appropriate books, backpacks, infant/toddler educational kits, and child safety posters and materials.

Sponsorship Levels

☐ CHAMPION - \$10,000

- Recognition "Apple" with company name on CCRC's Giving Tree
- Logo placement in 1,000 children's books
- Recognition in CCRC's Annual Report and prime social media placements (Facebook, Twitter, etc.)
- Premier event signage and recognition at event
- Acknowledgement in event marketing (as determined per event)
- Thank you reception with CCRC's Executive Committee

☐ PATRON - \$5,000

- Recognition "Gold leaf" with company name on CCRC's Giving Tree
- Recognition in CCRC's Annual Report and on CCRC's Facebook page
- Logo placement in 500 children's books
- Premier event signage and recognition
- Live event recognition

☐ ADVOCATE - \$2,500

- Recognition "Silver leaf" with company name on CCRC's Giving Tree
- Recognition in CCRC's Annual Report and on CCRC's Facebook page
- Logo placement in 250 children's books
- Live event recognition

☐ FRIENDSHIP - \$1,000

- Recognition "Bronze leaf" with company name on CCRC's Giving Tree
- Recognition in CCRC's Annual Report and on CCRC's Facebook page
- Logo placement in 100 children's books
- Live event recognition

☐ CELEBRATION - \$500

- Recognition in CCRC's Annual Report and on CCRC's Facebook page
- Logo placement in 50 children's books
- Live event recognition

I Make a Difference

- ☐ I would like to make a one time monetary donation in the amount of \$ _____
- ☐ I would like to make a monthly monetary donation in the amount of \$ _____
- ☐ I would like to make an in-kind donation of _____

Please send completed form to: Communications Department
Child Care Resource Center (CCRC)
250 Grand Cypress Avenue
Palmdale, California 93551
Fax: 661-273-8945
communications@ccrcca.org

Make checks payable to CCRC
and mail along with this form

Our IRS tax identification number is 95-3081695

☐ CREDIT CARD

☐ VISA ☐ MasterCard

CARD NUMBER _____

EXP. DATE _____ / SECURITY CODE _____

NAME _____

STREET _____

CITY _____ / STATE / ZIP _____

PHONE _____

EMAIL _____

CONTACT US PHONE 866-67-4KIDS