



Hope Champions Annual Sponsorship Program 2022-2023

Hope Partnership
2420 Old Vineland Rd.
Kissimmee, FL 34746
321-677-0245
www.thehopepartnership.org

SPONSORSHIP AGREEMENT

Sponsor Name: _____

Mailing Address: _____

City/State/Country/Zip (Postage Code): _____

Tel: (____) _____ E-Mail: _____

Contact: _____ Title: _____

(NOTE: Contact listed above will receive all correspondence regarding this sponsorship)

Additional Contacts: _____ Title: _____

Signatory's Full Name: _____ Title: _____

Signature: _____ Date: _____

Sponsorship Levels:

___ Champion \$10,000-above ___ Partner \$5,000-\$9,999 ___ Advocate \$1000- \$4,999 ___ Friend \$500-\$999

Sponsorship Amount: \$_____

Method of Payment

___ Check (payable to Hope Partnership) Credit Card: ___ VISA ___ MasterCard ___ AMEX

Credit Card Number: _____ Expiration Date: _____

Full Name (as it appears on card): _____

By signing below, Card Holder acknowledges that he/she has read this form, and agrees to be bound by all of its terms and conditions. Card Holder authorizes (and agrees not to dispute) charges up to the amount of this agreement at any time from the date of submission of this form through the end of the sponsorship period.

Card Holder Signature: _____ Date: _____

Mail checks and completed forms to:

Hope Partnership
Development Office
2820 Old Vineland Rd. Kissimmee, FL 34746
Phone: (321-677-0245) Email: events@thehopepartnership.org