



SPONSOR COMMITMENT FORM

Organization:

Address:

City:

State:

Zip Code:

Contact Name:

Phone:

Fax:

Email:

Confirm Amount of Sponsorship Level for Each Event

\$ _____ Women Empowering Youth

\$ _____ Charity Pickleball Tournament

\$ _____ Summer Sizzle

\$ _____ Jambalaya & Jazz

\$ _____ Donation (Do you wish to remain anonymous? Yes No)

\$ _____ ***Total Amount***

***Make checks payable to Adoption Option Inc.
Send to: PO Box 2225 Midland, MI 48641-2225***

***To pay by credit card, please visit www.adoptionoptioninc.org
For invoice or more information, please contact:***

- o Mary Tewksbury – mtewksbury@aocw.org, (989) 859-4778 or
- o Jacqueline Leapheart – pr@aocw.org (989) 859-3973