

Rhode Island Free Clinic Sponsorship Commitment Form 2021 Founders' Event

Sponsorship Contribution:

My payment is enclosed: \$_____ Check #_____

Exp. Date ______ 3 digit security code _____

Name on card _____

☐ Visionary - \$10,000	
 Recognition on Social Media Prominent recognition in Annual Report 	 Ten tickets to online event Logo and link on website Recognition in Q4 Newsletter
☐ Extraordinary - \$5,000	•
 Recognition on Social Media Recognition in Annual Report Eight tickets to online event 	Recognition in Q4 NewsletterLogo and link on website
☐ Exemplary - \$2,500	
 Recognition on Social Media Recognition in Annual Report Six tickets to online event 	Logo on websiteRecognition in Q4 Newsletter
\square Remarkable - \$1,500	
Recognition on Social MediaRecognition in Annual Report	Four tickets to online eventRecognition in Q4 Newsletter
□ Notable - \$500-\$1,000	
Recognition on Social MediaRecognition in Annual Report	1-2 tickets to online eventRecognition in Q4 Newsletter
October 31st, 2020 to:	igital advertisement and/or logo with payment by 655 Broad Street, Providence, RI 02907 or
	ifreeclinic.org.
Contact Person/Company	
Address	
Phone	
City State	
F-mail	-

OR

Please make checks payable to Rhode Island Free Clinic. For secure credit card processing, please visit www.rifreeclinic.org and click on DONATE or call Sam Lawrence at 401-274-6347 x329 to process your payment.