



Sponsorship Agreement

Submission of this form implies agreement of organization to pay total amount due in exchange for sponsorship benefits no later than **120 days** prior to the event.

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Payment

- My check is enclosed (make checks payable to Salem-Keizer Education Foundation)
- Please invoice me
- I have questions, please contact me
- Please charge my credit card

Card # _____ Exp. Date _____ CVV _____

Name on card _____ Signature _____

Event _____ Sponsor Level _____ **Questions/More Info?**

Event _____ Sponsor Level _____ Email us:
info@skeducationfoundation.org

Event _____ Sponsor Level _____ Call us:
(503) 364-2933