



2018 Business Partnership Opportunities
AFP partners with you to serve your business.

AFP Breakfast Sponsorship Commitment Form

Business Name _____
 (as you would like it to appear in sponsorship recognition)

Contact Person _____

Billing Address _____

Phone _____ Email _____

Website _____

Please circle meeting(s) you'd like to sponsor **@\$350 each** (Jan, June, July are discounted):

March 2018	April 2018	May 2018	June 2018 (summer discount – \$250)	July 2018 (summer discount – \$250)
August 2018	September 2018	October 2018	NO MEETING in November	December 2018 – Holiday Party
January 2019 plenary breakfast	January 2019 breakout session – 2 available (\$250)	January 2019 lunch (\$250)		

I would like to sponsor:

_____ # of monthly meetings at \$350 each for a total of \$ _____

_____ # of monthly meetings at \$250 each* for a total of \$ _____
 *January lunch, January breakout, June, and July only

My check, made out to AFP is enclosed for a total of \$ _____
 Please mail the check to: AFP c/o Gerry Oldenski, PO Box 41176, Tucson, AZ 85717

I plan to attend the meeting(s) I am sponsoring. Yes / No
 Meetings are the second Friday of each month 7:30 – 9 AM at the DoubleTree Hotel Reid Park.

Please send me information about sponsoring the National Philanthropy Day. Yes / No

Please send me information about AFP membership. Yes / No

For more information

Gemma Thomas (520) 324-3026, gemma.thomas@childrensclinics.org
 or Emily Brott, (520) 495-9819, ebrott@ourfamilyservices.org