



## 2025 Gala Sponsorship Commitment Form Count Me In!

### SPONSOR INFORMATION

Sponsorship Level: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### PAYMENT METHOD

\_\_\_ Check enclosed in the amount of \$ \_\_\_\_\_

(Please make check payable to Family Impact Palm Beach County)

\_\_\_ Please charge sponsor credit card

\_\_\_ Visa \_\_\_ Mastercard \_\_\_ Amex \_\_\_ Discovery

Name as it appears in card: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Exp date: \_\_\_\_\_ CVV: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please email this form to** Saidy Garzon at [sgarzon@familyimpactpbc.org](mailto:sgarzon@familyimpactpbc.org)

Or mail to Family Impact Palm Beach County, 2411 10<sup>th</sup> Ave. North, Lake Worth, FL 33461

### LOGO

Send your company logo in JPG or PNG format at [sgarzon@familyimpactpbc.org](mailto:sgarzon@familyimpactpbc.org)

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