

Effingham County Chamber of Commerce 2017 Sponsorship Form



Help the Chamber celebrate its 2017 Centennial by participating in the Centennial Sponsorship Program. Not only will you be a recognized benefactor throughout our Centennial year, you will also be a Champion of efforts to support the Chamber's mission of improving the economic climate and quality of life in the greater Effingham County area.

Your participation in our Centennial Sponsorship Program will showcase your business Summer Celebration being planned for July 2, 2017, and the 2018 Annual Banquet. Review the backside of this flyer for details on how your business can celebrate Effingham County's business community during the 2017 Chamber Centennial year.

In-kind donations will be accepted. Payment plans are available.

Deadline for submission is June 15, 2017!

Business Name: _____
 Contact Name: _____
 Contact Number: _____
 Contact email: _____
 Billing Address: _____

Centennial Sponsorship

\$15,000	Diamond Sponsor	<input type="checkbox"/>
\$10,000	Platinum Sponsor	<input type="checkbox"/>
\$7,500	Gold Sponsor	<input type="checkbox"/>
\$5,000	Silver Sponsor	<input type="checkbox"/>
\$2,500	Bronze Sponsor	<input type="checkbox"/>
\$1,000	Pewter Sponsor	<input type="checkbox"/>

Candle Sponsorship

\$100	Candle Sponsor	<input type="checkbox"/>
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2018 Banquet Only Sponsorship (annual billing only)			Summer Centennial Only Sponsorship (annual billing only)		
\$2,500	King of the Carnival Sponsor	<input type="checkbox"/>	\$2,500	Torch	<input type="checkbox"/>
\$1,500	Royal Court Sponsor	<input type="checkbox"/>	\$1,500	Flame	<input type="checkbox"/>
\$1,000	Krewe Sponsor	<input type="checkbox"/>	\$1,000	Spark	<input type="checkbox"/>
\$500	Masquerade Sponsor	<input type="checkbox"/>	\$500	Glow	<input type="checkbox"/>
\$250	Doubloon Sponsor	<input type="checkbox"/>	\$250	Twinkle	<input type="checkbox"/>

Total
\$ _____

Billing Options Annual Semi-annual Quarterly
 Payment Method: Check # _____ Credit Card

Make all checks payable to Effingham County Chamber of Commerce or enter Credit Card information below.

Enter Credit Card Billing Address Address _____ City/State/Zip _____

Credit Card # _____ Exp. Date: _____ CVV Code _____

Name on Card: _____

By signing this, you hereby give the Effingham County Chamber of Commerce permission to use provided credit card information for purchase.

Signature: _____