



## Fighting hunger and poverty in northeast North Carolina

Serving Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Martin, Northampton, Pasquotank, Perquimans, Tyrrell and Washington Counties.

### 2024-25 SPONSORSHIP AGREEMENT FORM

Please fill out the form below and check your level of commitment to confirm your 2024-2025 sponsorship package. Completed agreements should be returned to Diana Flippo at [dflippo@foodbank.org](mailto:dflippo@foodbank.org), or by mail: PO Box 1704, Elizabeth City, NC 27906-1704.

Company Name to be listed: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### LEVELS OF SPONSORSHIP

*INCLUDES FOOD BANK EVENTS AND PROMOTIONS THROUGHOUT THE YEAR*

- |  |           |   |          |
|--|-----------|---|----------|
| <input type="checkbox"/> Title Sponsorship     | \$100,000 | <input type="checkbox"/> Platinum Sponsorship | \$10,000 |
| <input type="checkbox"/> Executive Sponsorship | \$40,000  | <input type="checkbox"/> Gold Sponsorship     | \$5,000  |
| <input type="checkbox"/> Premier Sponsorship   | \$25,000  | <input type="checkbox"/> Partner Sponsorship  | \$2,500  |

My check payable to Food Bank of the Albemarle is enclosed

I would like to charge my sponsorship to my:  VISA  MasterCard  Discover

Please Invoice me as follows:  Full Amount  Semi Annually  Quarterly  Monthly

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVS Code: \_\_\_\_\_

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

Signature of Sponsorship Agreement: \_\_\_\_\_ Date: \_\_\_\_\_