



MEN'S DAY OF SELF-ESTEEM

OCTOBER 25, 2009



SPONSORSHIP FORM

Date: _____

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Sponsorship Levels

Please choose one:

- | | | | |
|-------------------------------------|----------|--|----------|
| <input type="checkbox"/> Presenting | \$10,000 | <input type="checkbox"/> Wardrobe | \$ 3,000 |
| <input type="checkbox"/> Title | \$ 5,000 | <input type="checkbox"/> Breakfast/Lunch | \$ 1,000 |

Client Sponsorship

- | | | | |
|-------------------------------------|--------|-------------------|-------|
| <input type="checkbox"/> Per Client | \$ 500 | Number of Clients | _____ |
|-------------------------------------|--------|-------------------|-------|

Sponsors: May we recognize your gift publicly? YES NO

If yes, how you would like your name/company to be listed in printed materials?

Same as above

Payment Options: AMEX MC VISA Check enclosed (Payable to Working Wardrobes)

Card No. _____ Exp: _____

Signature: _____

Your contribution is greatly appreciated and tax deductible as allowed by law.

Working Wardrobes is a non-profit organization under Section 501(c)(3) of the Internal Revenue Code. Federal Tax ID# 33-0669145

Working Wardrobes Volunteer:

Date:
