

Empowering Families  Inspiring Hope

Sponsorship Agreement

Name of Sponsor/Organization _____

Contact Name _____

Contact E-Mail _____ Phone _____

Contact Physical Address _____

Please indicate your level of support:

Presenting - \$10,000

Champion - \$1,000

Founder - \$5, 000

Advocate - \$500

Patron - \$2,500

Payment Enclosed

Invoice Me

Please return this form and payment to:

Parent Promise
PO Box 656
Oklahoma City, OK 73101

Fax to: 405-232-0050
Email to: cindy.allen@parentpromise.org