



**\*\*\* SPONSORSHIP VERIFICATION SIGN-OFF / INVOICE \*\*\***

Date: \_\_\_\_\_ Company Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Would you like to receive an Award or Certificate for sponsorship? Award or Certificate (circle one)**

**Company Name to Appear on Award/ Certificate** \_\_\_\_\_

**Will you be attending the conference to be recognized for your sponsorship? Yes or No (circle one)**

If no, please provide address for award to be mailed to:

Thank you for offering to sponsor our spring 2016 C.A.R.E. Conference in Asheville, NC. We are very grateful you have pledged in support of the conference. We look forward to this event and are confident that everyone attending will appreciate your generosity. Your support is instrumental in C.A.R.E.'s continued growth, and your commitment to C.A.R.E. is greatly appreciated. We look forward to seeing you in Asheville!

**Please check box to the left of your selected sponsorship level:**

<input type="checkbox"/>	\$20,000 Presidential Sponsor	<input type="checkbox"/>	\$ 1,000 Amethyst Sponsor
<input type="checkbox"/>	\$15,000 Elite Sponsor	<input type="checkbox"/>	\$ 750 Topaz Sponsor
<input type="checkbox"/>	\$10,000 Platinum Sponsor	<input type="checkbox"/>	\$ 500 Amber Sponsor
<input type="checkbox"/>	\$ 7,500 Gold Sponsor	<input type="checkbox"/>	\$ 250 Emerald Sponsor
<input type="checkbox"/>	\$ 5,000 Ruby Sponsor	<input type="checkbox"/>	\$ 100 Certificate Sponsor
<input type="checkbox"/>	\$ 2,500 Sapphire Sponsor	<input type="checkbox"/>	\$ 50 Certificate Sponsor

By signing below I acknowledge that I am authorized to make this commitment of sponsorship to C.A.R.E. and that all information listed herein is correct. **All payments must be received no later than 30 days before conference.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Printed Name \_\_\_\_\_

**To Receive Full Recognition  
Commitment must be received  
by: February 19, 2016**

**DONATE ONLINE!**

[www.care-online.org](http://www.care-online.org)

Select "Conference Information" and "Donations"

**Payment may be submitted by Check or Credit Card:**

**C.A.R.E.**

**Bonnie Kosco**

**P.O. Box 2803**

**Harrisonburg, VA 22801**

**Pay by Credit Card**

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ Sec Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Address \_\_\_\_\_

Suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward this invoice to your accounting department.

**FAX THIS SIGN-OFF WITHIN 48 HOURS TO: 703-814-8527**

For Office Use:

Date Received: \_\_\_\_\_

Faxed to Administrator: \_\_\_\_\_