

# RAINBOW ROSE CENTER ORGANIZATIONAL SPONSORSHIP AGREEMENT



Date

Sponsor Organization

Sponsorship Level

Term (in years)

Contact Name

Total Investment

Contact Phone

Payment Terms

Contact Email

Invoice me annually

Billing Address

Invoice me the full amount now  
(multi-year commitment only)

Website URL

Payment Method

Social Media URL(s)

Check

Check #

Credit Card

Credit Card Number

(fees apply)

Expiration Date / CVB#

Additional Contacts

Marketing Contact

Training Coordinator Contact

Marketing Contact Email

Training Coordinator Email

Sponsor agrees to support the Rainbow Rose Center through annual sponsorship at the level and investment amount listed above and will receive the appropriate sponsorship benefits as outlined in the organizational sponsorship packet. Sponsor agrees to provide the required materials (such as logo) to execute the deliverables of sponsorship. Payment terms are net 30 days unless otherwise specified. Please Make checks payable to Rainbow Rose Center, PO Box 1134, York PA 17405

Sponsor Signature

Date

Sponsor Name

Rainbow Rose Center Signature

Date

Rainbow Rose Center Name