

Sponsorship Contract



**DAMIEN
CENTER**
ONE HOME FOR HIV WELLNESS

Contact Information

Company/Individual Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Website: _____

Contact Person/Email for Logo: _____

Contact Person/Email for Billing: _____

Sponsorship Level

Presenting (\$25,000+)

Masquerade Ball (\$10,000)

Platinum (\$5,000)

Gold (\$3,000)

Method of Payment

Credit Card #: _____

CVV: _____ Exp: _____

Check Enclosed

In-Kind Gift

Please fill out and return by **Friday, September 2, 2022** to:

Damien Center, Attn: Donor Relations
26 N. Arsenal Avenue, Indianapolis, IN 46201

p. 317 632 0123 x 269 **e. give@damien.org**

Your donation is tax deductible as allowed by law. Thank you for your support!