

SPONSOR CONFIRMATION FORM

40th Annual Legislative Breakfast on Mental Health

Saturday, April 21st 2018 ♦ 8:00-11:30am ♦ UNC William & Ida Friday Center ♦ Chapel Hill, NC

Please return completed form as soon as possible. **PAYMENT DEADLINE IS March 31st, 2018.** Return to: **Legislative Breakfast, c/o Josh's Hope, PO Box 1209, Hillsborough, NC 27278.**

PAYMENT METHODS: Check, MasterCard or Visa. MAKE CHECKS PAYABLE TO: Legislative Breakfast. For additional information, contact info@legislativebreakfastmh.org.

SPONSOR NAME: _____

CONTACT NAME and EMAIL: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

Will the contact person also represent the business at the breakfast? ___ YES ___ NO

If not, then who will attend? _____

SPONSORSHIP LEVEL:

FOUNDERS CIRCLE (\$3,000) *List names of regional offices to be included in advertising:* _____

LEADERSHIP CIRCLE (\$2,000) *List names of regional offices to be included in advertising:* _____

STAKEHOLDERS CIRCLE (\$1,250) *List names of affiliates to be included in advertising:* _____

CHAMPIONS CIRCLE (\$750)

ADVOCATES CIRCLE (\$500)

STEWARDS CIRCLE (\$350)

SUPPORTERS CIRCLE (\$250)

FRIENDS CIRCLE (\$150)

\$ _____ **TOTAL AMOUNT ENCLOSED**

METHOD OF PAYMENT:

Check Enclosed (payable to Legislative Breakfast. **NOTE:** *credit card payments will be processed via Josh's Hope*)

Credit card payment: Visa MasterCard 3-digit code on card reverse: _____

Expiration Date: _____ Credit Card Number: _____

Name as it appears on credit card: _____

Billing address: _____ City/State/Zip: _____

Authorized Signature: _____