

2018 CARIBBEAN AMERICAN HERITAGE AWARDS SPONSORSHIP COMMITMENT FORM

To secure your sponsor package, complete and forward this application to ICS. ICS retains full discretion regarding sponsor application acceptance.

ICS's taxpayer ID number: 52-1864509.

We would like to participate at the following level:

- | | |
|---|---|
| <input type="checkbox"/> \$100,000 Presenter Sponsor | <input type="checkbox"/> \$5,000 Supporter Sponsor |
| <input type="checkbox"/> \$50,000 Benefactor Sponsor | <input type="checkbox"/> \$5,000 Gift Bag Sponsor |
| <input type="checkbox"/> \$30,000 Title Sponsor | <input type="checkbox"/> \$3,500 General Cocktail Reception Sponsor |
| <input type="checkbox"/> \$15,000 Champion Sponsor | <input type="checkbox"/> \$2,500 Sustainer Sponsor |
| <input type="checkbox"/> \$10,000 Patron Sponsor | <input type="checkbox"/> \$2,500 After Hours Party |
| <input type="checkbox"/> \$7,500 Promoter Sponsor | <input type="checkbox"/> \$1,500 Advocate Sponsor |
| <input type="checkbox"/> \$7,500 Chairman's Reception Sponsor | |

We would like to advertise in the event program at the following level:

- | | |
|---|--|
| <input type="checkbox"/> Inside Front Cover \$2,500 | <input type="checkbox"/> Half Page \$750 |
| <input type="checkbox"/> Inside Back Cover \$2,500 | <input type="checkbox"/> Quarter Page \$500 |
| <input type="checkbox"/> Full Page \$1,500 | <input type="checkbox"/> Business Card \$250 |

We would like to donate the following:

- In-kind donation and/or silent auction item. Tax-deductible donation of \$_____.

Item(s) _____ Value \$_____

Donations of \$200 or more will receive recognition in our event program.

Please list us in printed materials as: _____

Name: _____

Company: _____

Billing Address: _____

City/State/Zip: _____

Phone: _____ Email _____

Website _____

PAYMENT OPTIONS

o Enclosed is a check (made payable to Institute of Caribbean Studies) for payment in full.

o Please charge my credit card: Visa MasterCard Discover American Express

Card Number: _____

Exp. Date: _____ Exp. Date: _____ CVC: _____

Signature: _____

o Please invoice me and I will remit payment by **November 2, 2018.**

Please email this form along with your high resolution logo in color to Karema Daley at:
Karema.Daley@icsdc.org



INSTITUTE OF CARIBBEAN STUDIES
1629 K Street NW, Suite 300
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Questions? Call Karema at 202-638-0460

THANK YOU FOR YOUR SUPPORT!!