



2019 Sponsorship Commitment Form

5539 E. 2400 North Rd.
Fithian, IL 61844

Business Name: _____

Street Address: _____

City: _____ State: _____

Contact Name: _____

Telephone # (Business): _____ Fax #: _____

Email: _____

Web Address: _____

Sponsorship Commitment Level

- \$5,000-ELITE \$2,500-DIAMOND \$1,500-PLATINUM \$1,000-GOLD
 \$500-SILVER \$250-BRONZE

Method Of Payment

- Enclosed is my sponsorship check in the amount of \$ _____
 Please send invoice to: _____
 Will provide ad and logo copy for IPA Program Booklet

Sponsor Signature: _____ Date: _____

(Please sign and retain copy for your records)

Please mail completed form with payment details by April 1, 2019 to

IPA, 5539 E. 2400 North Rd., Fithian, IL 61844