

2020 NVGAG Sponsorship Form*

Company or Individual Name:

Address:

City:

State:

Zip:

Sponsor Main Contact:

Name and Title:

Daytime Telephone:

Email:

Sponsor Fulfillment Contact (responsible for providing logo, ad copy, etc.)

Name and Title:

Daytime Telephone:

Email:

I wish to become a sponsor of the 34th National Veteran Golden Age Games at the following level:

National Sponsor (\$200,000 +)

Platinum Sponsor (\$50,000)

Silver Sponsor (\$10,000)

Host Sponsor (\$100,000)

Gold Sponsor (\$25,000)

Bronze Sponsor (\$1,000)

Contribution Sponsor (under \$999)

I wish to provide a monetary donation in the amount of \$ _____ to the 34th NVGAG.

Payable by Check: Made out to "Madison VAMC-FCP 8508". Place "2020 NVGAG" in the memo line.

Payable by Credit Card: MasterCard Visa Discover American Express

Credit Card #:

Expiration Date:

3-4 Digit Security Code:

Name as Printed on Card:

I wish to provide an in-kind donation of:

Value of in-kind donation:

Authorized Signature:

Date:

Email or mail this form (and check if applicable) to:

Adam Howarth, LOC Sponsorships Chair, 2020 NVGAG
Williams S. Middleton Memorial VA Hospital
Attn: National Veterans Golden Age Games
2500 Overlook Terrace, Madison, WI 53705
Adam.Howarth@va.gov
Phone: (608) 280-7073; Fax: (608) 280-7296

In the event all funds or in-kind goods donated by me are not spent for the 34th NVGAG, I request the following action be taken:
Allow the funds/goods to be used in future NVGAG events.
Move funds to an unrestricted account at the William S. Middleton Memorial VA Hospital in support of their local NVGAG team.
Return my unused funds/goods to me.

*This form fulfills the policy requirement in which all donations must be accompanied by a 'letter of intent.' Credit Card numbers (except last four numbers) and security codes will be redacted once charges are complete.