



# 2015 Individual Sponsor Commitment Form

Please help us reach our goal of \$385,000

**Yes! I would like to support Sacramento Summer Night Lights (SSNL).**

I understand that my donation will be used locally in Sacramento's most underserved communities to fund this violence prevention, community-enhancing summer program. All of the money raised goes directly to programming with no added administrative costs. *Please select the level at which you would like to sponsor; every donation and every dollar counts!*

**\$5,000+ Weekend Program Sponsor** Your donation helps us program one weekend. You and your friends or co-workers will help implement the theme and are invited to experience SSNL and see what makes it so special. You will see your name in the credits of our 2015 video!

**\$1000 Sports Equipment Sponsor** Your donation funds the purchase of sporting equipment, such as basketballs and hula hoops, for youth activities.

**\$500 Fun Sponsor** Your donation funds the purchase of special entertainment activities such as a mobile video gaming center, a photo booth or bouncy houses.

**\$250 Workshop or Tabletop Vendor Sponsor** Host your one day workshop or promote your small business at SSNL. We'll help you get the word out!

**\$100 Meal Sponsor** Your donation provides meals for one night for five families.

**\$50 Supplies Sponsor** Your donation helps purchase items we use nightly such as napkins & cups or crayons, markers and craft paper.

**Other \$ \_\_\_\_\_**



Please complete the sponsorship commitment form below and fax to **(916) 706 3708**, email to [sponsor@sacsummernightlights.org](mailto:sponsor@sacsummernightlights.org) or mail to ReIMAGINE Mack Road Foundation, 75 Quinta Court Suite D, Sacramento CA 95823.

## 2015 Sacramento Summer Night Lights Sponsor Commitment Form

Individual or Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsorship Level: \_\_\_\_\_ Amount: \_\_\_\_\_

X \_\_\_\_\_

**Print Name**

**Signature of Authorized Company Representative**

*Please make checks payable to: ReIMAGINE Mack Road Foundation. Non-profit Tax ID # will be provided upon donation. For more information, email [info@mackroadpartnership.com](mailto:info@mackroadpartnership.com) or call (916) 706 3833.*