



2012 AUTISM PUZZLE WALK SPONSORSHIP COMMITMENT FORM

COMPANY INFORMATION:

Company Name: _____

Company Name as you like it would to appear in recognition: _____

Contact Person: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

SPONSORSHIP LEVEL:

Please indicate your sponsorship level:

_____ Presenting (\$2,500) _____ Team Captain (1,000)

_____ Advocate (\$500) _____ Teammate (\$250)

_____ Friend (\$100)

_____ In-Kind Sponsor
*Please indicate the good or service provided for event: _____

_____ Volunteer
*Please indicate total number of volunteers provided: _____

Please return this form along with the following:

- Check made payable to: Autism Society of Nebraska
- Mail to: Autism Society of Nebraska
P.O. Box 83559
Lincoln, NE 68501-3559
- Email company logo (.jpeg format) to autismsociety@autismnebraska.org

THANK YOU FOR YOUR SUPPORT!

Please note: all logos must be received by March 1, 2012 in order to appear on print materials.