

SPONSORSHIP PLEDGE FORM

Organization: _____

Principal Contact: _____

Coordinating Contact: _____

Phone: _____

Email: _____

Sponsorship Level:

Presenting (\$15,000)

Cultivator (\$3,000)

Innovator (\$7,500)

Advocate (\$1,500)

Motivator (\$5,000)

Special Requests/Other:

Please send invoice to:

Name: _____

Address: _____

Phone: _____

Email: _____

*Please return this pledge form by email to **sponsorships@ris sandiego.org** or by mail to:
RISE San Diego, Attn: Sponsorships, 404 Euclid Avenue, Suite 329, San Diego, CA 92114*