## SPONSORSHIP FORM



## CONTACT INFORMATION **Date Contact First & Last Name** E-Mail **Phone Number COMPANY INFORMATION Company Name Street Address** State Zip City **Sponsorship Visionary** Champion **Partner Friend Pioneer** Level \$7,500 \$5,000 \$3,000 \$1,500 \$500 Website **Additional Comments or Information:**

Please make checks payable to:
NAMI Southwest Iowa

PO Box 143 Neola, IA 51559 Questions?
Call 712-542-7904 or
email info@namisouthwestiowa.com

THANK YOU FOR YOUR SUPPORT!

All donations are tax deductible.

NAMI Southwest Iowa will contact you after receiving your sponsorship

regarding sponsorship package benefits and next steps.