

Sponsorship Agreement

Date:	Sponsor Name:	Contact Name:		
Contact Email:		Contact Phone:	Contact Phone:	
Company A	ddress:			
Name of Sp	onsor as it will appear on collatera	City :	Zip Code	
Sponsorship	p Level: Amount:	agree to pay my Sponsorship Commitment	by:	
Check	k (Payable to CASA)			
Credit	Card (Visa, MC, Discover) #			
Exp. Date: _	CVV:			
CASA of the	e Pikes Peak Region agrees to provi	de Event Benefits at the Sponsorship Level	you have chosen.	
	· Logo requirements: 300 dpi (needed ASA	s at the \$2,500 Level and Higher: (high resolution) color logo in jpeg or tiff fo AP to be included in Invitations. Inner is due to CASA by September 12, 2022.	ormat	
Sponsor Sign	nature	CASA Representative Signature		
Printed Spor	nsor Name	Printed CASA Representative Na	 me	

For more information on Night of Hope – CASA Goes Country, please go to www.casappr.org or contact Trish StJohn at, trishs@casappr.org or call call 719-418-4312 CASA of the Pikes Peak Region, 418 S. Weber, Colorado Springs, CO 80903* 719-447-9898