



# SPONSOR COMMITMENT

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**YES!** We would like to Invest in Ability and help fund services for individuals with disabilities in the following way:

\$600     \$1,200     \$2,500     \$5,000     \$10,000     \$15,000

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## CONTACT INFORMATION:

Company Name: \_\_\_\_\_  
(exactly the way it should appear on sponsored materials)

Contact Name: \_\_\_\_\_

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

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

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

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

## PAYMENT INFORMATION:

Check (payable to Disability Advocates of Kent County)

Invoice

Visa     MasterCard     Discover     AMEX

Credit Card Number: \_\_\_\_\_

CVV: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For more information please contact Peggy Helsel at [peggy.h@dakc.us](mailto:peggy.h@dakc.us) or 616.323.2239.

EMAIL COMPLETED FORM TO [ASHLEY.K@DAKC.US](mailto:ASHLEY.K@DAKC.US)