



Sponsorship Application

Corporate Guardian
Patron Supporter Contributor

Please complete the application and mail it to:

NYS CPC
P.O. Box 8633
Albany, New York 12208-0633

Date: ___/___/___		Sponsorship Application		Type of Sponsorships:	
Title/Name: _____		<input type="checkbox"/>	Corporate	\$ 1,500 & above	
Corp./Org.: _____		<input type="checkbox"/>	Guardian	\$ 1,000 - 1,499	
Address: _____		<input type="checkbox"/>	Patron	\$ 600 - 999	
_____		<input type="checkbox"/>	Supporter	\$ 300 - 599	
_____		<input type="checkbox"/>	Contributor	\$ 100 - 299	
Check (made out to NYS CPC) enclosed for \$ _____		Phone:			
		Daytime () _____			
		Evening () _____			
		Fax () _____			
		E-mail: _____			

**Working Together
Watching out . . . Helping out**