



Northern Virginia Alliance League

Service • Charity • Since 1957

2021 NVAL Event Sponsorship

Thank you for supporting the 2021 Northern Virginia Alliance League (NVAL) Event. The beneficiary of our proceeds will be Bridges to Independence (<https://bridges2.org/>). Please complete this form by August 25, 2021 to be included on NVAL's printed materials. Completed sponsorship form and payment is to be mailed to NVAL, P.O. Box 5165, Arlington, Virginia 22205-0265. Alternatively, you may make payment through our website, www.nval-info.org.

Questions? Please contact Leslie Ann Gerardo at (703) 969-3718, lagerardo@verizon.net or Heidi Daniel at (703) 851-1731, heidi@hcdaniel.com.

Northern Virginia Alliance League (NVAC) is a 501(c)(3) non-profit organization run by volunteers. All donations are tax deductible to the full extent allowable by law. **Tax ID Number is #52-1284397.** For more information about NVAL, visit nval-info.org.

Sponsor Information

Name/Organization _____

Address _____

City, State, Zip _____ Phone _____

Email _____ Website _____

Contact for company logo _____

Contact email _____ Contact phone _____

Sponsorship Levels

- | | | |
|--|---------|---------------------------|
| <input type="checkbox"/> Presenting | \$2,500 | \$2,500 is tax deductible |
| <input type="checkbox"/> Platinum | \$1,000 | \$1,000 is tax deductible |
| <input type="checkbox"/> Golden | \$500 | \$500 is tax deductible |
| <input type="checkbox"/> Friends of NVAL | \$250 | \$250 is tax deductible |

All sponsorship levels will be included in all printed materials.

Anonymous Gift This sponsorship level is to be anonymous and **not listed** in any printed materials.

I am **unable** to be a Sponsor this year, but would like to make a tax donation in the amount of \$_____.

(over)

Payment

Please accept my check for \$ _____ made payable to Northern Virginia Alliance League.

I prefer to pay by credit card

American Express Visa Master Card

I prefer to pay by phone. Please call Tina Papamichael at 703-536-4711 with credit card information.

Name on card _____

Credit card number _____

Expiration date _____ Card Security Verification (CSV) _____

Billing address _____

City, State, Zip _____

Acknowledgement

Signature _____ Date _____

Sponsorship payments are non-refundable. Sponsorships will only be confirmed with completed form and payment.

----- For NVAL Use -----

Sponsorship donation solicited by _____

Email _____

Phone _____