



## Sponsorship Form

Your support directly helps people in our community as they experience the challenges and opportunities of aging.

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

Contact Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

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

Who should be acknowledged for the contribution? \_\_\_\_\_

I would like to become a sponsor at the following level:

- |  |  |
|--|--|
| <input type="checkbox"/> Premier Sponsor - \$50,000  | <input type="checkbox"/> Silver Sponsor - \$5,000                                |
| <input type="checkbox"/> Platinum Sponsor - \$25,000 | <input type="checkbox"/> Bronze Sponsor - \$2,500                                |
| <input type="checkbox"/> Gold Sponsor - \$10,000     | <input type="checkbox"/> Community Sponsor - \$1,500 ( <i>Non-profits only</i> ) |

### Sponsorship Payment

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Total Amount to Charge: \_\_\_\_\_

This signature authorizes Iona Senior Services to charge the credit card number above the stated and agreed upon amount. If you have questions about payment options, please contact Ann Keeler at 202-895-9416.

For Electronic Transfer Information, contact Iona's accounting manager, Yeshiwas Sewayehu at [ysewayehu@iona.org](mailto:ysewayehu@iona.org).

Check here if you'd like for us to send an invoice.  
Please indicate who should receive the invoice: \_\_\_\_\_

Make check payable to:

Iona Senior Services  
ATTN: Cassandra Moran  
4125 Albermarle St. NW  
Washington, DC 20016  
(202) 895-9453  
Or, email form to [cmoran@iona.org](mailto:cmoran@iona.org).