



HomeBase Youth Services 2008 Doorway of Hope Commitment Form

Date: _____ Individual Donor Corporate Donor

Name: _____

Company Name (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (business): (____) _____ Home: (____) _____

E-mail: _____ Fax: (____) _____

Corporate Contact Name & Title (if applicable): _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Please specify how you wish to be listed in the program and other HBYS publications:

Mr. and Mrs. Dr. and Mrs. Dr. and Dr. Mr. Mrs. Ms. Miss

Example: Mr. and Mrs. John Doe: _____

Company Name: _____

I would prefer not to be recognized in any publications.

Your donation benefits the full continuum of programs for homeless youth provided by HomeBase Youth Services. Please designate your unrestricted sponsorship level below:

Sponsorship Opportunities

- _____ \$50,000 *"Pathway to Success"*
- _____ \$25,000 *"Window Of Opportunity"*
- _____ \$15,000 *"Solid Foundation"*
- _____ \$10,000 *"Utilizing Resources"*
- _____ \$5,000 *"Setting A Goal"*
- _____ \$2,500 *"Planning the Course"*
- _____ \$2,500 *"Youth Table"*
- _____ \$250 *Individual Seat*

Underwriting Opportunities

- _____ \$12,500 *Printing Sponsor*
- _____ \$10,000 *Production Sponsor*
- _____ \$10,000 *Cocktail Reception*
- _____ \$10,000 *Décor/Entertainment*
- _____ \$10,000 *VIP Reception Sponsor*
- _____ \$5,000 *Dinner Sponsor*
- _____ \$3,000 *Valet Sponsor*
- _____ \$2,500 *Silent Auction Sponsor*

_____ *I am unable to attend the event. Enclosed is my contribution of \$* _____

Type of Payment:

Check \$ _____ Please make checks payable to HomeBase Youth Services.

Credit Card: ___American Express ___Visa ___MasterCard ___Discover

Please send invoice for later payment. (Please state 2007 or 2008 payment)

\$

_____ Credit Card Number

_____ Expiration Date

_____ Amount to Charge

_____ Print Your Name as it appears on the card

_____ Signature