



SPONSORSHIP

Commitment form

PRESENTED BY:  Info Tech.

Sponsor Name: _____
(Please list name as you would like it to appear.)

Sponsorship Level: _____

Cash: \$ _____ In-Kind (Value of donation) \$ _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____

Email: _____

Contact Person Name: _____

Contact Person Title: _____

Authorized Sponsor Signature: _____

Payment Enclosed (Please make checks payable to Taste of Greater Gainesville.)

Please Send Invoice

Please keep my donation anonymous



PLEASE MAIL THIS COMPLETED FORM TO:

Taste of Greater Gainesville: PO Box 357322, Gainesville, FL 32635 | P: (352) 372-5854

As a participating sponsor at Taste of Greater Gainesville event, you will be on the Taste of Greater Gainesville website.
Please send a 300 dpi of your logo to Scott@TasteOfGainesville.com to be used on various marketing materials.

For questions, please email Scott@TasteOfGainesville.com or call (352) 281-2072

Taste of Greater Gainesville, Inc. is recognized under the IRS as exempt under section 501c3 and is registered with the Florida Division of Consumer Services, registration number CH35432.
Donations are tax deductible to the full extent of the law.

A copy of the official registration and financial information may be obtained from the division of consumer services by calling toll-free (800-435-7532) Within the state.
Registration does not imply endorsement approval, or recommendation by the state.