

2019 NVGAG Sponsorship Form*

Company or Individual Name:

Address:

City:

State:

Zip:

Sponsor Main Contact:

Name and Title:

Daytime Telephone:

Email:

Sponsor Fulfillment Contact (responsible for providing logo, ad copy, etc.)

Name and Title:

Daytime Telephone:

Email:

I wish to become a sponsor of the 33rd National Veteran Golden Age Games at the following level:

National Sponsor (\$200,000 +)

Platinum Sponsor (\$50,000)

Silver Sponsor (\$10,000)

Host Sponsor (\$100,000)

Gold Sponsor (\$25,000)

Bronze Sponsor (\$1,000)

Contribution Sponsor (under \$999)

I wish to provide a monetary donation in the amount of \$ _____ to the 33rd NVGAG.

Payable by Check: Made out to "Alaska VA Healthcare System-FCP 4432". Place "2019 NVGAG" in the memo line.

Payable by Credit Card: MasterCard Visa Discover American Express

Credit Card #:

Expiration Date:

3-4 Digit Security Code:

Name as Printed on Card:

I wish to provide an in-kind donation of:

Value of in-kind donation:

Authorized Signature:

Date:

Email or mail this form (and check if applicable) to:

LaWana Latin, LOC Sponsorships Chair, 2019 NVGAG
Alaska VA Healthcare System
Attn: National Veterans Golden Age Games
1201 N. Muldoon Road, Anchorage, AK 99504
Lawana.Latin@va.gov
Phone: (907) 257-5493; Fax: (907) 257-6774

In the event all funds or in-kind goods donated by me are not spent for the 33rd NVGAG, I request the following action be taken:
Allow the funds/goods to be used in future NVGAG events.
Move funds to an unrestricted account at the Alaska VA Healthcare System in support of their local NVGAG team.
Return my unused funds/goods to me.

*This form fulfills the policy requirement in which all donations must be accompanied by a 'letter of intent.' Credit Card numbers (except last four numbers) and security codes will be redacted once charges are complete.