

PO Box 227  
Mobile, Al 36601-0227  
251-432-9056

## SPONSORSHIP AGREEMENT

### SPONSOR INFORMATION

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Business/Organization Name

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Contact Person

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Title

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Mailing Address

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City

State

Zip

---

Telephone (Business)

(Fax)

(Cell)

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Email Address

### SPONSOR AGREEMENT

By signing and submitting this application to Mobile Alabama Pride, Inc. (MAP), The applicant (Sponsor) states that they have received, read, understand and agree to the terms and conditions set forth by MAP in this packet. The sponsor also states that the person signing the agreement is legally authorized by their business and/or organization to enter into this agreement.

I, \_\_\_\_\_ (please print name), agree to comply with all policies, schedules and guidelines set forth by MAP and to release MAP from any and all liability for injury or damage that may occur during it's events.

Sponsor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SPONSORSHIP LEVEL DESIRED (PLEASE CHECK ONE)

RAINBOW

YELLOW

PURPLE

ORANGE

BLUE

RED

GREEN

I would like to sponsor MAP at a different level than those listed, please contact me at the above information provided.

I would like to sponsor MAP with In-Kind donations, Please contact me at the above information provided.

I would like to be a \_\_\_\_\_ sponsor and wish to make monthly payments. I have enclosed 20% of my ultimate goal and would like to be sent monthly notices until I have reached my goal.

(For MAP Office Use Only)

SPONSORSHIP CASH AGREEMENT TOTAL: \_\_\_\_\_.

PAYMENT  
ARRANGEMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAYMENTS  
MADE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPONSORSHIP IN-KIND  
AGREEMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign below to indicate agreement with above information. Receipts will be issued for every payment received for accounting purposes.

MAP Marketing  
Director: \_\_\_\_\_ Date: \_\_\_\_\_

MAP  
Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

MAP  
President: \_\_\_\_\_ Date: \_\_\_\_\_