



(202) 841-1687 • PO Box 66353 Washington, DC 20035 • www.vmfp.org

Support an organization that supports our veterans and military families

Sponsorship Agreement Form

Contact Information

Name: _____ Title: _____

Organization: _____

Business Address: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Opportunities:

Since my organization is committed to supporting veterans and military families, we wish to take advantage of the following sponsorship opportunities.

5-Star Partner \$10,000

4-Star Partner \$5,000

3-Star Partner \$2,500

2-Star Partner \$1,000

1-Star Partner \$500

Friend of VMFP \$100

Signature: _____ Date: _____

Payment Type:

Check to be mailed separately Payment enclosed

Credit (complete additional information below) _____

Credit Type: Visa MasterCard Discover Am Express

Card # _____ Exp.Date: CSC code _____

Authorizing Signature: _____

Thank you for your generous support! Please send the completed agreement to:

Sponsor, VMFP
PO Box 66353
Washington, DC 20035

Should you have questions, please feel free to email sponsor@vmfp.org.