



**Sponsorship Commitment Form**

Company Name: \_\_\_\_\_

(as it is to appear in printed materials)

Main Contact Name: \_\_\_\_\_ Phone & email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Funds Committed By: \_\_\_\_\_  
(if different from above contact please complete)

Phone & email: \_\_\_\_\_

Website address: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

Checks should be made

Payable and sent to:

Credit Cards, please call:

**CREW Houston**  
P.O. Box 59  
Bellaire, TX 77402  
713-839-1453 Fax  
713-375-2731 or lori@amchouston.com

_____	<b>PREMIER LEVEL</b>	<b>\$15,000</b>
_____	<b>PLATINUM LEVEL</b>	<b>\$10,000</b>
_____	<b>GOLD LEVEL</b>	<b>\$4,000</b>
_____	<b>SILVER LEVEL</b>	<b>\$2,000</b>

**Balance Due by: January 31, 2019**

**E-mail your company logo in a jpg '125 x '90 and web site address to [CREWSponsorship@amchouston.com](mailto:CREWSponsorship@amchouston.com) PLEASE LIST ASSOCIATES FROM YOUR COMPANY WHO WOULD LIKE TO RECEIVE CREW MONTHLY LUNCHEON NOTICES:**

First Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Second Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Third Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

The undersigned representative hereby commits to above the level of sponsorship supporting CREW Houston

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Title