

## **Sponsorship Commitment Form**

Company Name:			
		to appear in printed materials)	
Main Contact Name: _		Phone & email:	
Address:			
City:	State: Zip:	Email:	
•	-	Business:	
Funds Committed By:	(if different from above contact	please complete)	
Phone & email	:		
Website address:			
Checks should	be made	CREW Houston	
Payable and sent to:		1321 Antoine Houston, TX 77055	
Questions pleas	se call Lori at 713-375-2731 o	713-839-1453 Fax or lori@amc-texas.com	
	SPONSORSHIP LEVEL	PRICE	
	PREMIER LEVEL	\$15,000	
	PLATINUM LEVEL	\$10,000	
	GOLD LEVEL	<b>\$5,000</b>	
	SILVER LEVEL	\$2,500	
Balance Due by: Janu	uary 31, 2020		
• •		'90 and web site address to	
		LEASE LIST ASSOCIATES FROM YOUR COMPAN EW MONTHLY LUNCHEON NOTICES:	17
First Contact Name_		E-mail	
Second Contact Nam	e	E-mail	
Third Contact Name_		E-mail	
The undersigned represen	ntative hereby commits to ab	pove the level of sponsorship supporting CREW Houston	
Date	Representative's S	Signature Title	