

## **Sponsorship Commitment Form**

My affiliation witl	h HAC	CC, Central Penns	sylva	ania's Com	ımu	nity College	(pleas	e select al	ll that	tapply):
Alumnus		Board Member		Donor		Employee		Parent		Student
Prefix:		Mr.		Mrs.		Ms.		Dr.		Other
Please select the events and sponsorship levels you wish to sponsor. For sponsorship descriptions, please go to										
www.hacc.edu/spo			11044	u anonaouah	in u	vill automatic	alla ba	annliad t	to the	collegewide event of our
choosing.	noi sei	ecieu or specifieu,	youi	r sponsorsn	ир м	ли ашотансе	шу ве	аррнеа і	o ine	conegewiae eveni oj our
Name:										
Organization:										
Address:										
Phone:										
Email:										
☐ I wish to spons	sor the	e following:								
Event Name:										
<b>Event Date:</b>										
Sponsorship Lev	el:									
Sponsorship Am	ount:									
Please indicate how your sponsorship should be listed:  Would you like your sponsorship to be anonymous?  Yes No										
If you answered "no," please indicate how your organization should be listed below:										
Would you like your sponsorship to be in honor or memory of someone?  Yes  No										
If you answered "yes," please indicate how your sponsorship should be listed below:										
Please submit your www.hacc.edu/spo							rint de	eadlines.	Pleas	e visit
Foundation, O	e make Ine HA	e your check payab ACC Drive, Harris	burg	g, PA 17110	<b>0</b> .					
• Credit Card – If you would like to pay by credit card, please go to the HACC Foundation's secure giving site <a href="http://www.hacc.edu/givenow">http://www.hacc.edu/givenow</a> . Under "Choose your designation," please select "Other fund" from the list and type the event name and your sponsorship level in the space provided.										
By signing this form, you agree to the terms and payment of the sponsorship you selected. If you have any questions, please contact us at <a href="mailto:sponsorships@hacc.edu">sponsorships@hacc.edu</a> . Thank you for your support!										
Signature:					_ Da	ate:				