



The Joel Hernandez
Voice of the Recovery Community
Award Reception

Event Sponsor Commitment Form

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: () _____ Fax: () _____

Yes, I want to support Faces & Voices of Recovery’s mission to expand the growing recovery advocacy movement by becoming an **Event Sponsor at the following level (please select one):**

_____ **Friend** **\$250**
Your name/organization will be listed in the invitation and event program*

_____ **Advocate** **\$500**
Your name/organization will be listed in the invitation and event program* and prominently displayed at the event.

_____ **Champion** **\$1000**
Your name/organization will be listed in the invitation and event program*, prominently displayed at the event, acknowledged during the reception, and posted on our web site.

_____ **Sponsor** **\$2500**
Your name/organization will be listed in the invitation and event program*, prominently displayed at the event, acknowledged during the reception, and posted on our web site.

_____ **Recovery Ambassador** **\$5000 and above**
Your name/organization will be listed in the invitation and event program*, prominently displayed at the event, acknowledged during the reception, and posted on our web site, and you will receive a plaque.

**The invitation listing deadline is May 18, 2009. The event program listing deadline is June 15, 2009.*

My name/organization should appear as (please print): _____

Please select one:

_____ I will attend. _____ Sorry, I won’t be able to attend.

Payment method:

_____ Check is enclosed (please make payable to Faces & Voices of Recovery)

_____ Please send me an invoice for the financial commitment below.

_____ Credit Card (please select one)**: Visa _____ MasterCard _____

Credit Card Number: _____ Exp. Date: _____
_____/_____/_____/_____ ____/____

CID (Card ID #): _____
(3 digit # printed on the back of your Visa or MasterCard)

Total amount of commitment \$ _____

***please use billing address above if you are paying with credit card.*

Please return this completed form in the enclosed envelope addressed to Faces & Voices of Recovery. Faces & Voices of Recovery is a 501(c)3 tax-exempt organization. Your contribution is tax-deductible.