



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*
Your name/organization will be prominently displayed at the event

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

**The invitation listing deadline is April 7, 2008 and the event program listing deadline is May 23, 2008.*

Please include my listing in materials as follows: _____

Please select one:

_____ I will attend. _____ I will **not** be attending. Please record my gift as a contribution.

Payment method:

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

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

_____ 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.