

Arizona Motorcycle Safety and Awareness Foundation (AMSAF) Sponsorship Opportunities



DONATIONS ARE TAX DEDUCTIBLE
UNDER IRS CODE 501(C)3

DATE SUBMITTED: _____ AMSAF CONTACT: _____

DONOR'S NAME: _____

COMPANY'S NAME: _____

PHONE NUMBER: (W) _____ (H) _____ (E-mail) ADDRESS: _____

CITY, STATE, ZIP: _____

CORPORATE CONTACT: (if different from Donor) _____

PHONE NUMBER: (W) _____ (H) _____ (E-mail) ADDRESS: _____

Please specify how you wish to be listed in the Foundation.

Mr. & Mrs. Dr. & Mrs. Mr. & Dr. Drs. Dr. Mr. Mrs. Ms.

Example: Mr. and Mrs. John Smith Line 1: _____

ABC Company Line 2: _____

Please Make My Contribution Anonymously

PLEDGE/AMOUNT: _____ SIGNATURE: _____ DATE: _____

PLEASE CHECK SPONSORSHIP LEVEL BELOW

<p>_____ \$250 + - 1st Gear Sponsorship (Level 5) Includes: Name recognition on 20__ AMSAF Website</p> <p>_____ \$500 + 2nd Gear Sponsorship (Level 4) Includes: Two (2) Motorcycle training Scholarships given out in your name & name recognition on 20__ AMSAF Website</p> <p>_____ \$2500 + -3rd Gear Sponsorship (Level 3) Includes: Eight (8) Motorcycle Training Scholarships given out in your name & name recognition on 20__ AMSAF Website</p> <p>To Donate on Line: https://www.amsaf.org/donations/</p>	<p>_____ \$5000 +4TH Gear Sponsorship-(Level 2) Includes: Name recognition on sixteen (16) motorcycle training Scholarships and name on 20__ AMSAF Website & banner and/or promotional screen display at 20__ AMSAF annual event.</p> <p>_____ \$10,000 + Full Throttle Sponsorship (Level 1) Includes: Thirty-three (33) motorcycle training Scholarships given out in your name. Name recognition on 20__ AMSAF Website, banner and/or promotional screen display at 20__ AMSAF annual event & Company logo displayed in Media promotion.</p> <p>_____ <u>Let us be creative in how we can help you.</u></p> <p>To Donate merchandise or for more information, Please call 888-951-3732.</p>
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PLEASE MAIL completed form along with your check or credit card information to:

**Arizona Motorcycle Safety and Awareness Foundation
(AMSAF)**

Attn: Treasurer

7558 W. Thunderbird Rd., Ste 1-120
Peoria, AZ 85381-6080

Check Enclosed AMEX VISA MasterCard

Exp. Date _____ CVC _____

Credit Card #: _____

PRINT NAME AS IT APPEARS ON CREDIT CARD

Billing Address

SIGNATURE