



Please check your choice for Sponsorship Level below:

- 1. Platinum ~ \$1,500 _____
- 2. Gold ~ \$1,000 _____
- 3. Silver ~ \$500 _____
- 4. Bronze ~ \$250 _____

Sponsor's Contact Information:

Name of Organization: _____

Organization Address: _____

Contact Person: _____

Contact Person's Title: _____

Contact Phone: _____

Contact Email: _____

Contact Person Signature: _____ Date: _____

Sponsorship benefits are valid for one year from date of signature above.

Please mail this form with your check to: You may also fax your form to:

CSCSW c/o Judy Northrop
9891 E. Pinewood Avenue
Englewood, CO 80111

(303) 779-4898

If you have questions, please contact:

Julie Korotkin at (720) 837-4862 or julie@juliekorotkinlcswwmba.com