



**ABILITIES FIRST**  
ENRICHING THE LIVES OF CHILDREN  
& ADULTS IN OUR COMMUNITIES

**2018 SPONSORSHIP PLEDGE FORM**

Please indicate your interest by completing the sponsorship information below:

Looking for a unique branding and marketing opportunity for your company while giving back to a great cause?

Consider an Abilities First sponsorship! Contact us for availability.

For more information about events at Abilities First, visit [ABILITIESFIRSTNY.ORG](http://ABILITIESFIRSTNY.ORG).

**INFORMATION:** *(Please print clearly)*

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

SERVICE OR PRODUCT DESCRIPTION: \_\_\_\_\_

**2018 SPONSORSHIP OPPORTUNITIES**

EVENT	DATE	SPONSORSHIP LEVEL	VALUE
<input type="checkbox"/> ABILITIES FIRST: A Showcase of Resources for Enrichment & Inclusion	Saturday, March 10, 2018	_____	\$ _____
<input type="checkbox"/> Wing Fling	Wednesday, May 16, 2018	_____	\$ _____
<input type="checkbox"/> Community Breakfast	Monday, July 16, 2018	_____	\$ _____
<input type="checkbox"/> Golf Classic	Monday, July 16, 2018	_____	\$ _____
<input type="checkbox"/> Signature Event	Friday, October 19, 2018	_____	\$ _____
<input type="checkbox"/> Education Forum	TBD	_____	\$ _____
<input type="checkbox"/> Monticello Motor Club	TBD	_____	\$ _____
<input type="checkbox"/> I am unable to be a sponsor, but would like to support Abilities First with a donation.			\$ _____
AUTHORIZED SIGNATURE: _____		<b>TOTAL DUE</b>	\$ _____

**PAYMENT:**  Please send invoice.  Please send invoice in three equal installments.

CHECK  MASTERCARD  VISA  AMEX  DISCOVER  CREDIT CARD  
 PAYABLE TO ABILITIES FIRST, INC. *(Credit card payments are subject to an additional processing fee)* TOTAL AMOUNT TO BE CHARGED: \$ \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CARD #: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**SEND TO:** MAIL: Abilities First Attn: Advancement Department 70 Overocker Rd. Poughkeepsie, NY 12603  
 FAX: Abilities First Attn: Advancement Department 845.485.5234  
 EMAIL: [MelissaMcCoy@abilitiesfirstny.org](mailto:MelissaMcCoy@abilitiesfirstny.org) Subject: Abilities First Sponsorships

**PLEASE RETURN APPLICATION AND PAYMENT AT LEAST 1 MONTH PRIOR TO EVENT DATE.**  
 PAYMENT SHOULD BE PAID IN FULL PRIOR TO EVENT.  
 For additional information, contact Melissa McCoy at 845.485.9803 ext. 223, or [melissamccoy@abilitiesfirstny.org](mailto:melissamccoy@abilitiesfirstny.org) or Dana Hammond at 845.485.9803 ext. 384 or [danahammond@abilitiesfirstny.org](mailto:danahammond@abilitiesfirstny.org).