



The purpose of this sponsorship is to benefit the Foundation at Abilities First Inc. (FAFNY) and advance its not-for-profit mission to provide financial resources necessary to meet the programmatic interest and to assure the sustainability of the mission of Abilities First, Inc. Sponsor would like to assist the FAFNY to carry out its mission and agrees to provide support outlined. Sponsor understands that as a not-for-profit organization Abilities First cannot promote or endorse Sponsors products or services.

- Sponsor agrees that as a not-for-profit charitable organization, FAFNY will be required to disclose its source of funding, including sponsorship or other resources provided under this agreement.
- In appreciation of Sponsor support, FAFNY will recognize Sponsorship donation in the appropriate Cause or Event related materials agreed upon. Sponsor grants approval to display Sponsors Name and trademark (sponsors Marks) for the term of this agreement, with Sponsor's prior review and permission to FAFNY approval.
- Sponsor and FAFNY agree that each is responsible for its own business activities and for its own actions or inaction relating to the specific Cause or Event activities under this agreement.

*Please complete the sponsorship information below:*

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

COMPANY NAME: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
 SERVICE OR PRODUCT DESCRIPTION: \_\_\_\_\_

**SPONSORSHIP OPPORTUNITIES**

**EVENT**

**COMMITMENT LEVEL**

**AMOUNT**

○ Abilities First Golf & Tennis Classic – Monday, July 26, 2021	_____	\$ _____
○ Community Partners Breakfast – Wednesday, December 15, 2021	_____	\$ _____
○ Other Cause and/or Event: _____	_____	\$ _____
<b>TOTAL DUE:</b>		<b>\$ _____</b>

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please Send Invoice  Please Send Invoice in 3 Equal Installments  Will Call with Credit Card Information

**Contribution/Payment Due Date – Invoice to be paid no less than 30 days prior to Cause/Event.**

For additional information, contact Melissa McCoy at 845.485.9803 ext. 9223 / [melissamccoy@abilitiesfirstny.org](mailto:melissamccoy@abilitiesfirstny.org) or Teresa Walsh at 845.485.9803 ext. 9394 / [teresawalsh@abilitiesfirstny.org](mailto:teresawalsh@abilitiesfirstny.org).

**RETURN:**

**MAIL:** Foundation for Abilities First NY  
167 Myers Corners Rd., Ste. 202  
Wappingers Falls, NY 12590

<b>FOR FAFNY USE ONLY:</b>	
By: _____	By: _____
Print Staff Name: _____	CAO: Melissa McCoy
Title: _____	Date: _____

**THANK YOU FOR YOUR SUPPORT OF ABILITIES FIRST**

*The Foundation for Abilities First NY and Abilities First, Inc. are 501(c)(3) not-for-profit human services charitable organizations. Gifts are tax-deductible as allowed by law. Additional information and a copy of the latest AF financial report is available upon request, from the Attorney General's Charities Bureau, 28 Liberty Street, NY, NY 10005 1-212-416-8686 or charitiesnys.com*

