



The purpose of this sponsorship is to benefit the Foundation at Abilities First Inc. (FAFNY) and advance it's 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 donations 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

<input type="radio"/> President Reception	(May-October)	_____	\$ _____
<input type="radio"/> Pickle Ball Classic	May 6, 2023	_____	\$ _____
<input type="radio"/> Abilities First Golf & Tennis	September 11, 2023	_____	\$ _____
<input type="radio"/> Other Cause and/or Event:	_____	_____	\$ _____
Total Due:			\$ _____

AUTHORIZED SIGNATURE: _____

DATE: _____

Please Send the Invoice _____ Will Call with Credit Card Information (3% fee for all credit card payments.)

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

For additional information, contact JoAnn Parker at 845.275.2311 joannparker@abilitiesfirstny.org or Tracey Matarazzo at 845.485.9803 ext. 1219 / traceycox-matarazzo@abilitiesfirstny.org

RETURN MAIL:

Foundation for Abilities First NY
167 Myers Corners Road, Suite 202
Wappingers Falls, NY 12590

FOR FAFNY USE ONLY:	
By: _____	Print Staff Name: _____
Title: _____	

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

