



# Orchids & Onions 2008 Sponsorship Pledge Form



Company: \_\_\_\_\_

(Please list your company name EXACTLY as you want it to appear on sponsorship materials)

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_ E-Mail: \_\_\_\_\_

The Orchids & Onions 2008 sponsorship opportunity outlined in this proposal is marked below:

- \$10,000 PROGRAM TITLE SPONSOR
- \$7,500 PEOPLE'S CHOICE SPONSOR
- \$3,000 EVENT HOST SPONSOR
- \$1,500 CATEGORY SPONSOR - Category of Interest: \_\_\_\_\_
- \$750 (\$600 BEFORE 7/31) AFFILIATE SPONSOR

**Payment Terms:**

- My check is enclosed for the full amount
- Please bill my credit card  Visa  MasterCard

Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ CVC#: \_\_\_\_\_  
Month / Year 3-digit code on back of card

Cardholder  
Signature: \_\_\_\_\_

**By signing this Pledge Form, I agree to and understand the following:**

- Sponsorship is activated upon receipt of payment.
- Acceptance of this Pledge Form shall be approved by the Orchids & Onions Sponsorship Committee
- Benefits of this agreement are listed on associated "O&O Sponsorship Levels" form.

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Checks are to be made payable and mailed to:**

San Diego Architectural Foundation (SDAF)  
P.O. Box 122228  
San Diego, CA 92112-2228

Please send completed electronic copies of this form and your company logo to [orchidsandonions@sdarchitecture.org](mailto:orchidsandonions@sdarchitecture.org).