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## COMMITMENT FORM

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**YES!** We are pleased to become a member of Kids' Chance of Florida at the following level (check one):

- Scholarship Partner Level** (\$20,000 four-year commitment; \$5,000 annual contribution allocated directly to assigned student)  
 **Partner** (\$20,000 four-year commitment; \$5,000 annual contribution)  
 **Associate** (\$10,000 four-year commitment; \$2,500 annual contribution)  
 **Supporter** (\$500 and above annual contribution)

**If paying by check:**

Our contribution of \$\_\_\_\_\_ will be paid: \_\_\_\_\_ Lump Sum \_\_\_\_\_ Quarterly

**If paying by credit card:**

Please charge a total of \$\_\_\_\_\_ to my credit card as follows:

\$\_\_\_\_\_ Lump Sum

\$\_\_\_\_\_ Quarterly

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
CVV

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Our check is enclosed.

We will contribute online at [www.kidschancefl.org](http://www.kidschancefl.org).

Your organization will be recognized on the Kids' Chance of Florida website (all giving levels) and at all Kids' Chance of Florida events (multi-year commitment). We will be happy to work with you to accommodate any specific requests such as photo opportunities and company newsletter articles.

**We understand that Kids' Chance of Florida, Inc. will utilize our sponsorship contribution at the discretion of its Board of Directors in fulfilling the mission of Kids' Chance.**

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Please mail checks with the completed commitment form to:  
Kids' Chance of Florida, Inc.  
PO Box 1648  
Sarasota, FL 34230-1648