



METROPOLITAN SAVANNAH
HISPANIC
 CHAMBER OF COMMERCE

**2017 SPONSORSHIP OPPORTUNITIES
 UNDERWRITER COMMITMENT FORM**

Company: _____
 Primary Contact: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: () _____
 E-mail: _____ COMMITMENT \$ _____

PLEASE CHECK APPLICABLE:

Annual Awards Banquet	<input type="checkbox"/> Presenting \$7500	<input type="checkbox"/> Platinum \$5000	<input type="checkbox"/> Gold \$3500	<input type="checkbox"/> Silver \$2500	<input type="checkbox"/> Bronze \$1500
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Please invoice Check in the mail Credit card ___ AMEX ___ MC/Visa ___ Discover

Please call me for card information

Name _____ Phone _____

Credit card# _____ Exp. date ___ / ___ / ___ Zip code _____.

Name on card _____

Signature _____ Date ___ / ___ / ___

Please make check payable to:

Metropolitan Savannah Hispanic Chamber of Commerce (MSAVHCC)

Mailing Address: P.O. Box 8968, Savannah, GA 31412

Phone: (912) 421-8491

Find us on the web: www.msavhcc.org

THANK YOU FOR YOUR SPONSORSHIP!