BNSC
bloomington normal swim club

Sponsorship Commitment Form

Company Name: _____

Address: _____

Sponsorship Contact: _____ Phone Number: _____

Email: _____

Authorized Signature: _____

Please check the following level your company would like to sponsor:

Sponsor Tier	Cost	Date of Sponsorship
Bronze	$100/year	
Silver	$350/year	
Gold	$500/year	
Platinum	$750/year	
In Kind	Non-monetary	

If choosing the *In Kind* (non-monetary) donation, please describe your donations and value:

_____

_____

For monetary sponsorships, please enclose a check for the appropriate amount and make payable to Bloomington Normal Swim Club.
Checks should be mailed to:
Bloomington Normal Swim Club C/O Four Seasons Health Club
904 Four Seasons Road
Bloomington, IL 61704 bnsc.sponsorships@gmail.com

Non-Profit Organization Info
FEIN: #03-0582019 IBT#5538 8868