TOPEKA SWIM ASSOCIATION
SPONSORSHIP FORM

Mission Statement: To promote the lifelong sport of swimming in the Topeka community.
Vision Statement: We do this by providing safe pathways for growth in competition, recreation, and social wellbeing.

Donor Information (Please Print or Type):

Business Name/Contact _____

Billing Address _____

City, ST, Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Sponsorship Information:

Sponsorship Level: ☐Blue $250 ☐Bronze $750 ☐Silver $1500 ☐Gold $2500 2 year ☐Gold $3000 1 year ☐Platinum $4500 2 year ☐Platinum $5000 1 year ☐Diamond $6000 2 year ☐Diamond $7500 1 year.

Contribution is enclosed in the form of: ☐Cash ☐Check ☐Credit Card ☐Other.

Credit card type | Exp. Date| Verification Code _____

Credit card number _____

Signature Code/ Authorized Signature _____

Acknowledgement Information:

Please use the following name(s) in all acknowledgements: _____

Signature(s)	Date
Please make checks, or other gifts payable to: **Topeka Swim Association**	Topeka Swim Association Attn. Business Manager P.O. Box 3755 Topeka, KS 66604