2025 Sponsorship Form

FAMILY SERVICES OF NW PA ANNUAL MEETING

Thank you for partnering with Family Services of NW PA!

Your sponsorship will help ensure vulnerable families in our community continue to have access to life-changing programs and services.

PLEASE SELECT YOUR SPONSORSHIP LEVEL:					
☐ Presenting Sponsor: \$10,000					
☐ Partnering Sponsor: \$5,000					
☐ Collaborating Sponsor: \$2,500 ☐ Supporting Sponsor: \$1,000					
					SPONSOR INFORMATION
Business Name:					
Contact Person:					
Address:					
City:	State:	Zip: _			
Email:	Phone:				
PAYMENT INFORMATION					
☐ Check enclosed made payable to Family Services of NW	PA				
☐ Please charge my: ☐ MasterCard ☐ Visa					
Credit Card #:	Exp. Da	ite:	Security Code:		
Name on Card:	Billing ?	Billing Zip Code:			
Signature (Required):					

Please return this form with payment or request for invoice to:

Family Services of NW PA

Attn: Development Department 5100 Peach Street Erie, PA 16509 spiotrowicz@fsnwpa.org



Family Services of NW PA is a registered 501(c)(3) organization. Contributions are tax-deductible. Tax ID: 25-0987225