

## **2021 Pledge Agreement and Sponsor Information Form**

| Fill in all lines: place N/A on any lines that do not pertain to you.  |
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Are you a First Time Sponsor? (Y/N)\_\_\_\_\_

| Contact Person:  | Business Name:                       |   |                                       |                                      |
|--|--------------------------------------|---|---------------------------------------|--------------------------------------|
| City:  | Contact Person:                      |   |                                       | <u></u>                              |
| Mailing Address: (Same? Y/N) Other  Phone Number: ( )  | Business Address:                    |   |                                       |                                      |
| Phone Number: ( )  | City:                                | State:                                  | WA Zip: _                             | <del></del>                          |
| SPONSORSHIP: (covers cost to set up and run the race)  CASH Donation   | Mailing Address: (Same? Y/N) Other   |   |                                       |                                      |
| CASH Donation  | Phone Number: ( )                    | E-mail Address:                         |                                       |                                      |
| IN-KIND Contribution:  | SPONSORSHIP: (covers cost to set     | t up and run the race)                  |                                       |                                      |
| PROMOTIONAL ITEMS (any item/coupon worth \$99 or less)   | CASH Donation                        |   |                                       | Amount:\$                            |
| PROMOTIONAL ITEMS (any item/coupon worth \$99 or less)   | IN-KIND Contribution:                |   |                                       | Value:\$                             |
| Cash Prize:  |                                      |   |                                       |                                      |
| Total Sponsorship and Prize Donation Package Value:\$  |                                      |   |                                       |                                      |
| Total Sponsorship and Prize Donation Package Value:\$  | Cash Prize                           |   |                                       | Value:\$                             |
| Total Sponsorship and Prize Donation Package Value:\$  | Non-Cash Prize:                      |   |                                       | Value:\$                             |
| Please ensure that all blanks above are filled in.  Sponsor Signature: Date:  Rotarian Point-Of-Contact: Contact Date:  Rotarian Phone: ( ) Rotarian E-mail:  Return this agreement with your payment to the address below. Thank you. | Would you like us to display your bu | siness banner on Race Day? (Y/N)        | (approx 3'x 5':prov ) Do you want it? | vided by you) (Y/N): Number of Days: |
| Sponsor Signature: Date: Rotarian Point-Of-Contact: Contact Date: Rotarian Phone: ( ) Rotarian E-mail:  Return this agreement with your payment to the address below. Thank you.   | Do you want a Sponsor Plaque? (Y/    | N) or 2021 Year Plate? (Y/N)            | '                                     | include extra day for 2 \$1,000)     |
| Rotarian Point-Of-Contact: Contact Date: Rotarian Phone: ( ) Rotarian E-mail: Return this agreement with your payment to the address below. Thank you.   | Sponsor Signature:                   |   |                                       | Date:                                |
| Rotarian Phone: ( ) Rotarian E-mail:   | · -                                  |   |                                       | <del></del> _                        |
|  |                                      |   |                                       |                                      |
| All Spansarchine and logger are due and navable on ar hefore March 21, 2021  | Return th                            | nis agreement with your payment to      | he address below                      | . Thank you.                         |
| This is not a receipt. You will receive a receipt upon deposit of funds.  Please make checks payable to: Silverdale Rotary Club  Tax ID: 91-1682373  | This                                 | is not a receipt. You will receive a re | ceipt upon depos                      | it of funds.                         |
| Payment (Circle) Visa MC Amex Check CV Code (rqd):   | Payment (Circle) Visa MC             | C Amex Check                            |                                       | CV Code (rqd):                       |
| Visa/MC/Amex #: Exp. Date (rqd):   | Visa/MC/Amex #:                      |   |                                       | Exp. Date (rqd):                     |
| Card Holder Name: CC Address (rqd):  |                                      |   |                                       |                                      |
| CC ZIP (rqd): Signature: Date:   |                                      |   |                                       |                                      |
| Date Duck Race Committee   |                                      |   | Data                                  | Duck Page Committee                  |



P.O. Box 2565, Silverdale, WA 98383 www.silverdalerotaryclub.org Facebook: Silverdale Rotary Club

| Date     | Duck Race Committee |
|----------|---------------------|
| Received | Acceptance          |
|          | Initials/Date       |