



**SPONSOR COMMITMENT FORM**

**Marketplace for Kids**  
**210 North 4<sup>th</sup> Street**  
**Bismarck, ND 58501**  
**701-663-0150 or 888-384-8410**  
**Fax: 701-663-1032**  
*www.MarketplaceForKids.org*

**COMPANY INFORMATION:**

Contact Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

<b>SPNSORSHIP CATEGORY</b>	<b>CONTRIBUTION AMOUNT</b>	
<input type="checkbox"/> Platinum: \$10,000-\$24,999		<input type="checkbox"/> Yes, please designate our contribution to: <input type="checkbox"/> Marketplace for Kids <input type="checkbox"/> My Region <input type="checkbox"/> All Regions  <input type="checkbox"/> We would like to be a Sponsor, but cannot send a check today, please bill us \$_____ in the month of _____.  <input type="checkbox"/> We are interested in visiting with project students and distributing participation ribbons. Please Call _____
<input type="checkbox"/> Gold: \$5,000-\$9,999		
<input type="checkbox"/> Silver: \$2,500-\$4,999		
<input type="checkbox"/> Bronze: \$500-\$2,499		
<input type="checkbox"/> Friend: Up to \$499		
<input type="checkbox"/> In-Kind Contribution: (Please Describe)		
<input type="checkbox"/> Yes, we would like to make a 3-year pledge to Marketplace for Kids. Please bill us \$_____ in the month of _____ in 20__, 20__, and 20__. <input type="checkbox"/> Yes, Our pledge may be used for grant match.		

Your Designated Representative for Marketplace Meetings: \_\_\_\_\_

Email for Designated Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions?** Please contact Marilyn Kipp, Executive Director, toll free at 888-384-8410 or 701-663-0150, fax to 701-663-1032, or email to marketplace@btinet.net.

Please make checks payable to Marketplace for Kids. *Thank you for your support!*  
 Marketplace for Kids is a program of Marketplace of Ideas/Marketplace for Kids, Inc., a 501(c)3, nonprofit organization and equal opportunity program.