

Sponsorship Commitment Form

Thank you for your commitment to supporting the mission of the Minnesota State Fire Chiefs Association through your contribution.

Please complete the details on this form to customize your promotional opportunities for 2020 and return to the MSFCA office:

MSFCA: 6737 W Washington St, Ste 4210, Milwaukee, WI 53214 • office@msfca.org • Questions? 800-743-0911



SPONSOR INFORMATION

Company/Entity Name: _____

Address: _____

City/State/Zip: _____

Toll-free: _____ Fax: _____ Website: _____

Billing Contact	Name	Phone	Email
Advertising Contact <input type="checkbox"/> same as above	Name	Phone	Email
Events Contact <input type="checkbox"/> same as above	Name	Phone	Email
Social Media Contact <input type="checkbox"/> same as above	Name	Phone	Email

SPONSORSHIP PACKAGE

See sponsorship pages (3-7) for more details.

- 5-Bugle (\$12,500)
- 4-Bugle (\$10,000)
- 3-Bugle (\$7,500)
- 2-Bugle (\$5,000)
- 1-Bugle (\$2,500)

ADD-ON OPPORTUNITIES

See Add-On page (10) for more details.

Please list desired Add-on Opportunities below.

- _____ \$ _____
Opportunity Type Pricing
- _____ \$ _____
Opportunity Type Pricing
- _____ \$ _____
Opportunity Type Pricing

Additional Add-On Opportunities can be processed by contacting the MSFCA Office:
Email: office@msfca.org -or- Phone: 800-743-0911.

PUBLICATION OPPORTUNITIES

See Publication page (9) for more details.

Please list Add-on or Increased Amounts.

- _____ \$ _____
Opportunity Type Pricing
- _____ \$ _____
Opportunity Type Pricing
- _____ \$ _____
Opportunity Type Pricing
- _____ \$ _____
Opportunity Type Pricing

Additional Publication Opportunities can be processed by contacting the MSFCA Office: Email: office@msfca.org -or- Phone: 800-743-0911.

PAYMENT INFORMATION

Payment Intervals

Payment in full is requested upon submission of Commitment form, but additional options are available:

Please select:

- Payment in full upon submission

Total Sponsorship Amount

\$

-or- Invoice me:

- Biannually (Jan & Jun)
- Quarterly (Jan/Apr/Jul/Oct)
- Monthly
- Other _____

Payment Method

Please select:

- Check mailed to:
MSFCA, 6737 W Washington St, Ste 4210, Milwaukee, WI 53214
- Credit card:

Cardholder name: _____

Card number: _____

Expiration Date: _____ CVV: _____

Billing address: _____

City/State/Zip: _____

Receipt e-mailed to: _____