



2022 PCOA Partnership Program Commitment Form

Sponsor Name *(as it should appear in print)*

Preferred Contact Name

Preferred Contact Title

Address

City

State

Zip

Phone

Email

Signature

Sponsorship Options

Supporter - \$1,500

Visionary - \$5,000

Advocate - \$3,000

Champion - \$7,500

See the attached sponsorship documents or visit partnership.pcoa.org for full sponsorship details.

Payment Method

My check made out to PCOA is enclosed

Please invoice me: full amount 2 monthly installments 4 monthly installments

Please charge my credit card: full amount monthly installments of \$_____

Card #

Exp

Security Code

Thank you for your sponsorship!

We will be in touch soon to confirm all related details.

Please contact our development office with any questions or to discuss payment methods and time line.

Please return the completed form to:

Pima Council on Aging | 8467 E. Broadway Blvd. | Tucson, AZ 85710
smcnamara@pcoa.org | P: 520-790-7573 ext. 5042 | F: 520-790-7577

OFFICE USE ONLY

SUBMITTED DATE: _____

PAYMENT DATE: _____

INVOICE NUMBER: _____