



Golden Belt Glow for Life

Central Kansas Partnership
Suicide Prevention Task Force

Community Sponsor Commitment Form

Contact Person: _____

Email of Contact Person: _____

Organization Name (Written exactly as you want it printed)

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Sponsor Benefits	Partner	Contributor	Supporter
Levels Available	\$500	\$250	\$125
Recognition on Event T-Shirt	Logo & Name	Logo & Name	Name
T-Shirts given to Organization	4	2	1
Your Corporate Banner Displayed at Site	Yes please provide to us	Yes please provide to us	Yes please provide to us
Verbal recognition at Event	Yes	Yes	Yes
Recognition in Event Media	Yes	Yes	Yes

Level Selected _____ Amount _____ Payment:

Check Enclosed _____ Payable to: **Suicide Prevention Task Force of Central Kansas Partnership**

Signature _____
By signing this form you are committing to your chosen sponsorship level.

MAIL TO :
Suicide Prevention Task Force, Center For Counseling 5815 Broadway Ave. , Great Bend, KS 67530

*****PLEASE Email CAMERA-READY Logo in .jpg format (for T-shirt) to hollyb@thecentergb.org by 9/1/23**

Sponsor T-Shirts (Please indicate the number of shirts for each size)

Adult Sizes:

Small _____, Medium _____, Large _____, XL _____, XXL _____, XXXL _____

Luminary Quantity _____



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