



# Table Sponsor Form

Please print your company/name exactly how you would like to be listed on Gala marketing materials:

Company/Name:		Email:	
Address:	City:	State:	Zip:
Contact/Authorized By:		Title:	
Phone:	Fax:		

**Please check one:**

- Half Table: 5 tickets, \$575.00
- Half Gem Table: 6 tickets, \$690.00
- Full Table: 10 tickets, \$1,150.00
- Gem Table: 12 tickets, \$1,400.00 *(elite seating)*

**Please list attendees at your table:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_
- 11) \_\_\_\_\_
- 12) \_\_\_\_\_

**Please submit finalized table information to a CFSNM team member by August 2, 2019.**

## **Table Sponsorship Commitment:**

Table Level: \$ \_\_\_\_\_

\*Table Name: \_\_\_\_\_

*\*Some table sponsors choose to not advertise their company/name and instead use the circus theme as inspiration. Clarify this on "Table Name" listed above.*

Is there a company form CFSNM needs to sign to use your company/name?  Yes  No

Are there any restrictions to using your company/name?  Yes  No

Please list restrictions, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Payment Information:

- I want to make a credit card payment by filling out the attached credit card form.
- I want to make a credit card payment by calling the CFSNM office to pay over the phone.
- I want to make a check payment:
  - \*Checks should be addressed to The Community Foundation of Southern New Mexico
  - I will mail in my check payment to the CFSNM office.
  - I will hand deliver my check payment to the CFSNM office.
- I want an invoice sent to the address listed above.

I, \_\_\_\_\_ (*print name*), have authorized the above agreement to be a 2019 Gala table sponsor for the Community Foundation of Southern New Mexico (CFSNM). I understand the obligation I have as a table sponsor to provide the needed information to CFSNM so their team can fulfill their obligation to my business per this agreement.

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

CFSNM Witness Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this form and returning it to: Alexia Goodwin, Special Events Coordinator

*Drop off or mail to: C/O Community Foundation of Southern New Mexico  
2600 El Paseo Road, Las Cruces, NM 88001*

*Scan and email to: alexia@cfsnm.org For questions call: 575-521-4794*

The Community Foundation of Southern New Mexico is a 501 (c)(3) non-profit organization  
tax identification number is #85-0455682

*Your support allows your Community Foundation the opportunity to continue making a meaningful impact in the lives of those living in southern New Mexico.*