

## SPONSORSHIP OPPORTUNITY QUESTIONNAIRE

Your Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Type of business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

I am/we are interested in sponsoring a program.  
Check the box that applies:

Wherever needed  
 Schools  
 Parenting programs  
 Non-profit organizations  
 Faith-based organizations  
 Other \_\_\_\_\_  
 Indicate the organization you wish to sponsor  
Organization \_\_\_\_\_  
Location \_\_\_\_\_  
Person to contact \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

As a sponsor, I would like to:

Remain anonymous but get the tax credit (if applicable).  
 Receive your e-newsletter.  
 Attend the presentation I sponsor.  
 Have a keynote presentation at my business for half the cost.  
 Allow public recognition of my sponsorship.

Is there another organization you recommend we contact on your behalf that you would like to sponsor?

Organization \_\_\_\_\_  
Location \_\_\_\_\_  
Person to contact \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### Return this form to

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