

North Carolina Association
of Senior Citizen Clubs, INC



2___ CONFERENCE

Dates of Conference

"Theme"

Name of Hotel, City, State

SPONSORSHIP

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **FAX:** _____

EMAIL: _____

SUPPORTER OPTIONS

PLATINUM	\$1000+
GOLD	\$500 - \$999
SILVER	\$250 - \$499
BRONZE	\$100 - \$249

PLEASE INDICATE YOUR COMMITMENT

Company/Individual Name _____ will contribute \$ _____
in support of the NCASCC, Inc. Annual Conference.

PLEASE MAKE CHECKS PAYABLE TO: NCASCC, DISTRICT _____

MAIL TO:
Treasurer _____
Address _____
City, State, Zip _____

DONATION GIVEN ON BEHALF OF:

LOCAL CLUB NAME **LOCATION**