



# The Congressional Award

## 2016-17 CORPORATE INVOLVEMENT

NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### ANNUAL CORPORATE MEMBERSHIP LEVELS/OPPORTUNITIES

Yes. I plan to participate as a **Corporate Member** and take advantage of the corresponding level of benefits for a full twelve-month period.

\$50,000 (Premier Membership)

\$25,000 (Gold Membership)

\$15,000 (Silver Membership)

\$10,000 (Bronze Membership)

\$ 5,000 (Certificate Membership)

Other. Specify: \_\_\_\_\_

Yes, I plan to make a contribution in the amount of \$ \_\_\_\_\_ but will not attend the 2016/2017 events and would like my contribution to be fully tax-deductible.

No. I am unable to participate at this time, but wish to be kept informed about future special events with Members of Congress, such as the State Delegation and Committee Dinners and Receptions.

### EVENT SPECIFIC SPONSORSHIP OPPORTUNITIES

Yes. I would like to serve as a **participant or sponsor** of a specific event. Please send me additional information regarding the following:

Chiefs of Staff Charity Poker Tournament

Youth & Technology Dinner

Youth Wellness Dinner

Golf Classic

State Dinner

**Please return this form and direct all inquiries to our National Director, Erica Heyse.**

The Congressional Award

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