



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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