



Sponsorship Commitment Form

My affiliation with HACC, Central Pennsylvania’s Community College (please select all that apply):

Alumnus
 Board Member
 Donor
 Employee
 Parent
 Student
 Prefix:
 Mr.
 Mrs.
 Ms.
 Dr.
 Other _____

Please select the events and sponsorship levels you wish to sponsor. For sponsorship descriptions, please go to www.hacc.edu/sponsorships.

If a designation is not selected or specified, your sponsorship will automatically be applied to the collegewide event of our choosing.

Name:	
Organization:	
Address:	
Phone:	
Email:	

I wish to sponsor the following:

Event Name:	
Event Date:	
Sponsorship Level:	
Sponsorship Amount:	

Please indicate how your sponsorship should be listed:

Would you like your sponsorship to be anonymous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered “no,” please indicate how your organization should be listed below:	
Would you like your sponsorship to be in honor or memory of someone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered “yes,” please indicate how your sponsorship should be listed below:	

Please submit your company logo to sponsorships@hacc.edu by the event print deadlines. Please visit www.hacc.edu/sponsorships for the event print and payment deadlines.

Contribution Methods:

- **Check** – Please make your check payable to **HACC Foundation** and mail this form and the check to **HACC Foundation, One HACC Drive, Harrisburg, PA 17110.**
- **Credit Card** – If you would like to pay by credit card, please go to the HACC Foundation’s secure giving site <http://www.hacc.edu/givenow>. Under “Choose your designation,” please select “Other fund” from the list and type the event name and your sponsorship level in the space provided.

By signing this form, you agree to the terms and payment of the sponsorship you selected. If you have any questions, please contact us at sponsorships@hacc.edu. Thank you for your support!

Signature: _____ **Date:** _____