

Kindness Kits 2024 Sponsorship Commitment

Contact Person			
Company Name (if applicable)			
Address			
City	State	Zip	Phone
Email			

Please Select The Following Sponsorship(s)

- Kindness Kit Recurring Commitment Opportunities**
- Hygiene Hero ... \$ 1,000/month
 - Clean Care Champion ... \$ 500/month
 - SchoolCare Sponsor ... \$ 450/month
 - Difference Maker ... \$ 250/month
 - Confidence Builder ... \$ 100/month
 - Essentials Advocate ... \$ 50/month
 - Fresh Start Supporter ... \$ 25/month

Suggested
Donation
Amounts

- Kindness Kits One Time Commitment Opportunities**
- Mobile Hygiene Launch Sponsor ... \$ 20,000
 - Hygiene Hero Full Year ... \$ 11,500 (save \$500)
 - Clean Care Champion Full Year ... \$ 6,000
 - SchoolCare Sponsor ... \$ 5,000 (save \$400)
 - Difference Maker Full Year ... \$ 3,000
 - Confidence Builder Full Year ... \$ 1,200
 - Essentials Advocate Full Year ... \$ 600
 - Fresh Start Full Year ... \$ 300

- Kindness Kit Back to School Event Sponsorships**
- B2S You Buy We Fly Sponsor w. logo bag ... \$ 10,500
 - B2S You Buy We Fly Sponsor ... \$8,000
 - B2S Bag Sponsor ... \$ 2,500
 - B2S Item Sponsor ... \$ 1,500
- SchoolCare Sponsorships listed in sections above.*

Perferred Communities (greatest need if not specified)

Payment Information (OR text KINDKIT to 44-321)

Method of Payment (Check One)

- Check Enclosed (Make payable to Blair Healing Rooms)
- Credit Card (Provide Card Information Below)
- eCheck (Provide Account Information Below)
- Send Me An Invoice

One Time Commitment: \$ _____

Recurring Commitment: \$ _____
(Invoice OR AutoPay)

Account Holder Name (Print)			
Card Number	Expiration Date	CVV #	
Checking Account	Bank Name	Routing Number	Account Number
Business <input type="checkbox"/> Personal <input type="checkbox"/>			
Signature		Date	