

**2020 Chamber Support Initiative Sponsor Commitment Form**

**Sponsor Contact Information:**

Company\_\_\_\_\_

Representative\_\_\_\_\_

Billing Contact\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

Email \_\_\_\_\_

Company Representative Signature: \_\_\_\_\_

**Sponsorship Commitment:**

Name of Sponsorship\_\_\_\_\_

Sponsorship Level \_\_\_\_\_

Special Instructions\_\_\_\_\_

Sponsorship Cost \$ \_\_\_\_\_ Date Preference \_\_\_\_\_  
*If Applicable*

**Chamber Representative Information:**

Chamber Member Name \_\_\_\_\_

**Please email the completed form to *chamber@nactx.com* or deliver to:**

**Nacogdoches County Chamber of Commerce**  
2516 North Street  
Nacogdoches, Texas 75965-3518