

Sponsor Agreement

Sponsor Name:
Sponsor's Contribution Amount:
In-Kind Goods/Services or Publicity/Media: GSCCC Cause and/or Event(s):
Location of GSCCC Activity/Event(s):
Date(s) of GSCCC Activity/Event(s):
Term of Agreement:
Start Date: End Date:
GSCCC Obligations to Sponsor: (summarize or provide attachment)
Payment Due Date Payment Amount Payment Method:
 Send me an invoice. Payment will be provided by my Donor Advised Fund held at
institution.
□ I would like to pay by credit card, please contact me at

The GSCCC is pleased to accept Donor Advised Funds (DAF) from an authorized Fund manager in accordance with IRS guidelines. DAF cannot be used to pay for, among other things, tangible benefits such as tickets to a GSCCC event. Donors should contact their personal DAF manager to determine whether their DAF can be used to pay for Donor's financial commitment to the GSCCC. Please contact your Girl Scouts of California's Central Coast representative, or email development@girlscoutsccc.org for more information.

NOTE: If paying with DAF, please provide the name of the institution where the fund is held. Please provide a phone number. Do not provide credit card information on this form.

GSCCC staff will contact the number provided to obtain the information needed to process a payment by credit card.

Please make checks payable to the Girl Scouts of California's Central Coast:

Girl Scouts of California's Central Coast 1500 Palma Dr. Suite 160 Ventura, CA 93003

Purpose: The purpose of this sponsorship is to benefit the Girl Scouts of California's Central Coast (GSCCC) and advance its not-for-profit mission to help build girls of courage, character, and confidence. Sponsor would like to assist the GSCCC to carry out its mission and agrees to provide the support outlined above.

Sponsor Contact Information:	Sponsor Billing Information (if different):
Name:	Name:
Title:	Title:
Company:	Company:
Address:	Address:
Phone:	Phone:
E-mail:	E-mail:
Thank you for your support	of Girl Scouts of California's Central Coast
FOR GSCCC DEVELOPMENT USE ONLY	:
By:	Ву:
Print Staff Name:	Drint Cunaryinar Nama
Title:	Print Supervisor Name:
Date:	Title:
	Date