



# Igniting Hope Conference Sponsorship Form

Your Name	Name of Organization
Phone	Address
Email	
Signature	Date

## Choose your Sponsorship Level:

<input type="checkbox"/> Diamond Sponsor – \$25,000 Already filled	<input type="checkbox"/> Platinum Sponsor - \$10,000
<input type="checkbox"/> Gold Sponsor- \$5,000	<input type="checkbox"/> Silver Sponsor - \$2,500
<input type="checkbox"/> Bronze Sponsor - \$1,500	<input type="checkbox"/> Individual Sponsor - \$100-\$1,499

## Choose your Payment Method:

**Checkenclosed**

Make checks payable to: **Buffalo Center for Health Equity**  
In memo section note “Igniting Hope Conference”.

**Send to:**

Buffalo Center for Health Equity  
257 W. Genesee Street  
Suite 160  
Buffalo, New York 14202

**Request an Invoice**

Unless otherwise stated, Invoices will be sent using information given above.

**Email completed Sponsorship form and Company Logo (JPEG or PNG format to [admin@buffalohealthequity.org](mailto:admin@buffalohealthequity.org) by Friday, September 1, 2023.**