



Brews for Afterschool

Donor Commitment Form

Donor Information

Donor Recognition Name: _____
(as you want it to appear on all donor recognition)

Company Name: _____

Primary Contact Name: _____

Grant/Donation Manager Name (if different than primary contact): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax #: _____

Website: _____ Email: _____

Sponsorship Information

YES! I would like to support the Georgia Statewide Afterschool Network.

Please accept my gift of \$ _____ at the following level:

- ___ Diamond \$5,000+
- ___ Gold \$2,500-\$4,999
- ___ Silver \$1,000-\$2,499
- ___ Bronze \$500-\$999

___ My CHECK is enclosed: \$ _____

Payable to Voices for Georgia's Children (the fiscal sponsor of the Georgia Statewide Afterschool Network)

___ Please send me an invoice at the mailing address listed above.

Please complete this form and email a scanned copy to klandes@georgiavoices.org.

Mail checks to:
Georgia Statewide Afterschool Network
75 Marietta St., Suite 401
Atlanta, GA 30303