



COMMITMENT FORM: Annual Sponsorship 2025

(PLEASE INCLUDE SPONSORSHIP LEVEL PAGE WITH COMMITMENT FORM)

Organization Name: _____

Contact Person: _____

Contact Email: _____

Website: _____

BILLING

Address 1: _____

(Apt, Suite): _____

City, State, Zip Code: _____

PAYMENT

Payment option: Full Two payments Four payments Six payments

If you choose to pay monthly / bi-monthly or quarterly your credit card will be required to be on file for the future payments. If a check isn't received by the date in the contract your card on file will be charged.

Payment type: Visa MC Amex Check (enclosed)

Name of sponsorship level: _____ Level cost: _____

Name on card: _____ Card number: _____

Expiration date: _____ Security code: _____ Zip code: _____

Add 5% to my sponsorship to support Flourish Membership Fund: Yes, Please add 5%

Please mail or email completed forms and payment to:

JANEL HYLAND

ASID ILLINOIS CHAPTER 222 W MERCHANDISE MART SUITE 1485

CHICAGO, IL 60654

P: 219 689 3684 CELL

E: ADMINISTRATOR@IL.ASID.ORG

As payments are made ASID IL will email a receipt for your payment. If your payment lapses at any time you will have a 30 day notice and be removed from all sponsorship promotions.

You agree to the terms and conditions set fourth by ASID Illinois.

Signature: _____ Date: _____