

# Lead the Legacy



## SPONSORSHIP OPPORTUNITIES

Cornell Cooperative Extension of Saratoga County invites you to support the expansion of the 4-H Training Center. Below are sponsorship levels for EVERYONE to support this project.

Our goal is to break ground in 2021. Help us achieve our goal, as we build the next generation of 4-H'ers and the leaders of tomorrow.

### NAMING RIGHTS

**Room** **\$25,000**

*3 Available*

- Plaque with business name/room name at entrance to room
- Inclusion on all news releases/media alerts
- Room name mentioned with events/meetings/programs

### OTHER SPONSORSHIP LEVELS

- Business name will be engraved on plaque, prominently located in the building signifying sponsorship level.

**Platinum** **\$5,000 and above**

**Gold** **\$3,000 - \$4,999**

**Silver** **\$1,000 - \$2,999**

**Bronze** **\$500 - \$999**

**Friend of 4-H**

**\$100 - \$499**

To donate, please see fill out form on the next page and submit with payment.

CCE of Saratoga County | 50 West High Street | Ballston Spa NY 12020

*Our 501(c)3 non-profit status allows for tax-deductible donations.*

*Feel free to contact Greg Stevens with any questions at 518-885-8995 or grs9@cornell.edu*

**THANK YOU FOR SUPPORTING THE 4-H TRAINING CENTER!**



**Cornell Cooperative Extension**  
Saratoga County

# Lead the Legacy

The 4-H Training Center  
**Sponsor Form**

<b>Business Name:</b>	
<b>Contact Name:</b>	<b>Phone:</b>
<b>Address:</b>	
<b>Email:</b>	

**Please Select Sponsorship** (see attached sheet)

**Total Amount Enclosed \$**

## NAMING RIGHTS

**Room** **\$25,000**  
*3 Available*  
Name Requested \_\_\_\_\_

**Friend of 4-H** **\$100 - \$499**  
Name Requested \_\_\_\_\_

## OTHER SPONSORSHIP LEVELS

**Platinum** **\$5,000 and above**  
Name Requested \_\_\_\_\_

**Gold** **\$3,000 - \$4,999**  
Name Requested \_\_\_\_\_

**Silver** **\$1,000 - \$2,999**  
Name Requested \_\_\_\_\_

**Bronze** **\$500 - \$999**  
Name Requested \_\_\_\_\_

**Please make checks payable to:** "CCE Saratoga" with TCFUND in memo.

Credit Card Payment: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_

Please return completed form and payment to: **CCE Saratoga**

**TCFUND**

**50 West High Street**

**Ballston Spa, NY 12020**