



DONOR SUPPORT FORM - Note: CEBA is a 501C3

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

I would like to support CEBA at the following sponsorship level:

_____ **PRESENTING SPONSOR - \$10,000**

_____ **PLATINUM SPONSOR - \$7,500**

_____ **GOLD SPONSOR - \$5,000**

_____ **SILVER SPONSOR - \$3,000**

_____ **INDIVIDUAL SPONSOR - \$2,000**

_____ **Other Amount** _____

I will make a commitment to CEBA for:

_____ **1 YEAR** _____ **3 YEARS** _____ **5+ YEARS**

This donation is for year(s) _____

The donation is enclosed _____ or will be mail at a later date _____

_____ I would like to be notified of additional CEBA events

I am willing to help CEBA in other ways (please list):

COLORADO ETHICS IN BUSINESS ALLIANCE

2170 South Parker Rd, # 255
Phone: 303-283-6002
Confidential

Fax: 303-750-0085
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Denver, CO 80231
Email: ceba@cobusetics.org
10/23/2008



Form of Payment

Check _____ (Made payable to CACP)

Credit Card _____ (VISA/MasterCard only)

Credit Card Number _____ *Exp. Date:* _____

Name on Card: _____

Signature: _____

The CEBA board of directors sincerely thanks you for your support! Please return this form to CEBA 2170 South Parker Rd, # 255 Denver, Colorado 80231