

**THE NARCOOSSEE AREA CHAPTER OF THE OSCEOLA COUNTY HISTORICAL SOCIETY
BUSINESS CONTRIBUTION COMMITMENT FORM**

Name of Business: _____

Brief Description of Business: _____

Contact Person: _____ Website: _____

Phone Number: _____ Fax: _____

Email Address: _____

Mailing Address: _____

SELECTION OF CONTRIBUTION LEVEL:

Please check the desired support level below:

- NARCOOSSEE AREA CHAPTER PLATINUM CONTRIBUTOR - \$10,000 & Up Donation
- NARCOOSSEE AREA CHAPTER GOLD CONTRIBUTOR - \$5,000 TO \$10,000**
- NARCOOSSEE AREA CHAPTER SILVER CONTRIBUTOR - \$1,000 TO \$5,000
- NARCOOSSEE AREA CHAPTER COPPER CONTRIBUTOR - \$500 TO \$1,000**
- NARCOOSSEE AREA CHAPTER BRONZE CONTRIBUTOR - \$250 TO \$500
- NARCOOSSEE SCHOOLHOUSE RESTORATION BRICK SPONSOR**
Your business will sponsor an engraved brick that will be displayed in the finished landscape design of the restored schoolhouse. **SPONSOR A BRICK(S) @ \$75.00 EACH** # BRICKS BEING SPONSORED = _____
(Engraving details to be specified on separate brick program order form.)
- OTHER (Example – Donation of Products or Services and Monetary Value – subject to Chapter approval)**
Please detail:

Note: If both monetary and non-monetary donations are given, please check each applicable box above.

Please make checks payable to: **The Osceola County Historical Society**
In the blank provided on the check, be sure to specify: **For Narcoossee Area Chapter**

Our nonprofit organization is a charity recognized as tax exempt by the IRS under Section 501(c)3.

Please contact a tax professional regarding the eligibility of your donation for tax benefits.

Your donation period will start with the date of receipt of your donation check.

If applicable, email or provide via CD the artwork for your business logo - jpeg file format preferred and include one of your business cards.

For assistance or questions, please do not hesitate to contact Maryann Moss (407-957-1101) or Lisa Liu (407-595-6727) of the Narcoossee Area Chapter. Please call us to pick up your completed materials or mail them to Ralph Boots, Chapter Treasurer, Narcoossee Area Chapter – OCHS, PO Box 700597, Saint Cloud, FL 34770-0597. We will contact you to verify receipt & to welcome you as a Business Contributor!



Authorized Business Signature: _____ Date _____

THANK YOU FOR YOUR SUPPORT!

For Internal Use Only
Check # _____
Date Received: _____
Submitted to OCHS: _____