



**EMPOWER HAMPTON ROADS (EHR)**  
 P.O. Box 14063 Norfolk, VA 23518  
 Phone: 757.615.1006

**INVESTMENT CONTRACT**

**Company Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Investment Levels**

**Corporate Sponsor:**

**Platinum (\$2,500 and above) \$** \_\_\_\_\_

\_\_\_\_\_ I wish to sponsor this dinner with a corporate commitment. In thanks for this support, I understand that I will receive a table (10 seats) for the banquet, special acknowledgment at the dinner, space for a full-page ad in the Ad Book

**Gold (\$1,500)**

\_\_\_\_\_ I wish to sponsor this dinner with a corporate commitment. In thanks for this support, I understand that I will receive a table (10 seats) for the banquet, space for a quarter page ad and special acknowledgment at the dinner.

**Corporate Underwriter:**

I wish to sponsor this dinner with a corporate commitment of \$500 or more. In thanks for this support, I understand that I will be listed in the program as an underwriter, and that two tickets to the banquet will be set aside in my name so that members of EHR congregations who cannot purchase a ticket can attend.

**Table Sponsor:**

I wish to purchase a table (seating for 10) for this dinner event with a corporate commitment of \$450. In thanks for this support, I understand that I will have my company name on my table at the event.

**Individual Investment**

I wish to make a  multi-year investment  one time investment in the Empower Hampton Roads organization at the following level;

- |   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> <b>Major Donor</b> | <input type="checkbox"/> <b>Justice Level</b> | <input type="checkbox"/> <b>Investment Level</b> | <input type="checkbox"/> <b>Patron Level</b> | <input type="checkbox"/> <b>Grassroots Level</b> |
| <b>\$1001- \$5000</b>                       | <b>\$500 - \$1000</b>                         | <b>\$100</b>                                     | <b>\$25 - \$99</b>                           | _____  |

**Method of Payment and Options:**

Check made out to EHR enclosed  Send me an invoice

Investment Committed \_\_\_\_\_ Term of Commitment \_\_\_\_\_

Investor Signature \_\_\_\_\_

E.H.R Authorized Signature \_\_\_\_\_

*Thank You!*

**Solicitors Information**

Leaders Name: \_\_\_\_\_ Congregation \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

*We are the people we have been waiting for!*