

# SUNY New Paltz School of Business Entrepreneurship Expo (E<sup>2</sup>) Sponsor Form

Contributions will support the Entrepreneurship program. Sponsorships received will be recognized pursuant to their level.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_ **Angel Sponsor**                      **\$2,000 (100% tax deductible)**

- All of the benefits of the Growth Sponsor
- Company executive introduced during Welcome; 3 minutes of opening remarks

\_\_\_\_ **Growth Sponsor**                      **\$1,000 (100% tax deductible)**

- All of the benefits of the Startup Sponsor
- Designated as a sponsor on the QR code

\_\_\_\_ **Startup Sponsor**                      **\$500 (100% tax deductible)**

- All of the benefits of the Seed Sponsor
- Hyperlink from event page to company website

\_\_\_\_ **Seed Sponsor**                      **\$250 (100% tax deductible)**

- Company logo on event page

\_\_\_\_\_ **Other amount, please specify**    \$ \_\_\_\_\_

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A copy of our most recently filed financial report is available from the Charities Registry on the New York State Attorney General's website ([www.charitiesnys.com](http://www.charitiesnys.com)) or, upon request, by contacting the New York State Attorney General, Charities Bureau, 28 Liberty Street, New York, NY 10005, or us at 1 Hawk Dr. New Paltz, NY 12561. You also may obtain information on charitable organizations from the New York State Office of the Attorney General at [www.charitiesnys.com](http://www.charitiesnys.com) or (212) 416-8401. FOR MORE INFORMATION Contact us via email at [foundation@newpaltz.edu](mailto:foundation@newpaltz.edu), or by phone at (845) 257-3240.

### Method of payment:

**Payment:** Please send with donation to **SUNY New Paltz Foundation, 1 Hawk Dr., New Paltz, NY 12561-2443**

Please make checks payable to **SUNY New Paltz Foundation**     Visa     Mastercard     American Express     Discover

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

Name as it appears on card: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_                      This card is a  Business Card  Personal Card

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
(AmEx: 4 digits on front of card, Visa/MasterCard/Discover: last 3 digits on back)

For additional information, please contact Lori Krzeminski at (845) 257-2932 or [krzemini@newpaltz.edu](mailto:krzemini@newpaltz.edu)