

Sponsorship PLEDGE FORM – PRIDE 2024 Sponsor(s):			
Address:			
City:	_State		
ZIP			
Phone - Business			
Cell			
Email:			
Sponsorship to be paid as follows: I/We agree to support the Human Rights Alliance for their annual PRIDE Santa Fe celebration at the following sponsorship Level Level			
Total Amount of Sponsorship: \$ \$100.00 holds your sponsorship. Remaining balance is due by 4.15.2024			
Paid By:			
Check			
CC Method of Payment(s):			

____ Check payable to: Human Rights Alliance

	_Please cl	narge our CC Please check what type: _	MC
V	AMEX	Discover	

CC #_____

Name on Card ______

Exp. Date _____ CVV_____

For more information: Please contact Kevin Bowen, KevinB@HRASantaFe.org

By this pledge, I/we are making a binding commitment to give the amount(s) specified above, which HRA accepts and will act in reliance upon for the projects and programs supported by HRA. I/We intend that the terms of this pledge will be legally binding upon and enforceable against (me/us- the business). This sponsorship shall be governed by and interpreted under the laws of the State of New Mexico. HRA is a not-for-profit, tax-exempt organization under the provisions of section 501(c)(3) he Internal Revenue Code. Human Rights Alliance federal tax identification number is 85-0410708.

Donations and sponsorships are tax-deductible to the extent allowed by the law.

Sponsor or authorized representative Signature:

Date: _____