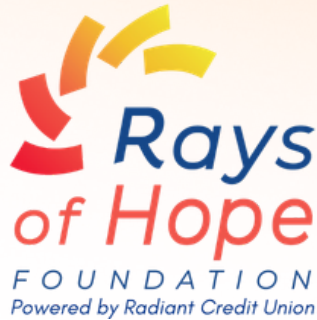




# COMMITMENT FORM

PRESENTED BY



SPONSOR NAME: \_\_\_\_\_  
(as you would like it to appear on all media)

**PLEASE CIRCLE SPONSORSHIP LEVEL:**

Tailgate Heisman Hogtown Paynes Prairie  
Swamp Lake Alice ACR

**Additional tickets at \$150 each** \_\_\_\_\_

(email [brooke@cacgainesville.org](mailto:brooke@cacgainesville.org) with guest names)

**Total Amount: \$** \_\_\_\_\_

**SPONSOR RECOGNITION DEADLINES:**

Email logo & program ad (if applicable) to [brooke@cacgainesville.org](mailto:brooke@cacgainesville.org) (300dpi, .pdf, .jpg, .eps, or .gif format)

Full page ad size: Portrait 8.75"L x 5.75"W - Quarter page ad size: Portrait 4.25"L x 2.75"W

September 25, 2026 - Deadline for inclusion in event program for all sponsors

**CONTACT & PAYMENT INFORMATION:**

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person's Name & Title: \_\_\_\_\_

**Contact Person for Thank You Letter (if different than above)** \_\_\_\_\_

Please check payment method below:

Online payments can be made on our website at [www.cacgainesville.org](http://www.cacgainesville.org)

Click 'EVENTS' and select 'GAINESVILLE GONE HOME' to view event page

Please invoice me at the email address above (please note invoice will be a PDF version)

Mail a check to 500 E University Ave, Suite A, Gainesville, FL 32601 (payable to Child Advocacy Center, Inc.)

Please include 2026 GGH in the memo

Please charge my (check one):  Visa  MasterCard  AMEX  Discover

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

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

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

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

**Please mail check or credit card payment to:**

Child Advocacy Center, Inc., 500 E University Avenue, Suite A, Gainesville, FL 32601

**Email form to:** [brooke@cacgainesville.org](mailto:brooke@cacgainesville.org) \* Questions? Please call (352) 376-9161

**THANK YOU FOR YOUR GENEROUS SUPPORT!**

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