



# 2025 Sponsorship Commitment Form

Company: \_\_\_\_\_

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

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

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

Telephone: \_\_\_\_\_

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

Please check appropriate choice. See attached sponsorship opportunities.

Presenting Sponsor \$10,000

Bee Keeper Sponsor \$5,000

Queen Bee Sponsor \$2,500

Honey Bee Sponsor \$1,000

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## Payment Information:

Pledge and provide invoice later

Enclosed, please find my check for \$ \_\_\_\_\_  
*Make checks payable to: Orchard Place*

Pay by credit card - contact Amy Payne-Johnson 515.287.9605

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

## Please return form to:

Attn: Amy Payne-Johnson  
925 SW Porter Ave. Des Moines, IA 50315  
515.287.9605  
ajohnson@orchardplace.org  
Orchard Place Foundation Tax ID#: 42-1193285

