



SPONSOR AGREEMENT FORM ORGANIZATION

Please Print Clearly

Organization/Business Name: _____

Coordinator Contact Name: _____

Organization Address: _____

Email Address: _____

Phone Number: _____

Screening Sponsorships *(Please check your level)*

Film Funder \$5,000 _____

Screening Sponsor \$2,500 _____

Screening Fee \$500 _____

Community Group Fee \$350 _____

Donations

\$_____ any amount is appreciated!

Please Return this form with your donation payable to:

Sarah Webster Fabio Center for Social Justice

Or PayPal Click [Here](#)

c/o Theresa Hogg

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Oakland, CA 94621

swfcenter4sj@gmail.com

510.206.4407

Thank You for Your Support!

