



COMMITMENT FORM



SCAN HERE to make
a donation online, or visit:
[Springfield-chamber.org/
vision-and-impact](http://Springfield-chamber.org/vision-and-impact)

TIER 2
\$2,500

TIER 1
\$5,000

COMMUNITY
PARTNER
\$10,000

CUSTOM

YES! I, or my organization, would like to
make a voluntary contribution in the amount of: \$ _____

for (please circle one):

1 YEAR

2 YEARS

3 YEARS

OTHER:

Your contribution can go completely through the **Springfield Area Chamber of Commerce** or the **Springfield Chamber Foundation**, or split between the two.
Please indicate how you would like to split your contribution:

➤ **SPRINGFIELD AREA CHAMBER OF COMMERCE:** \$ _____.

➤ **SPRINGFIELD CHAMBER FOUNDATION:** \$ _____.

FULL NAME: _____

COMPANY OR ORGANIZATION (IF APPLICABLE): _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

THANK YOU!

Make all checks payable to either the **Springfield Area Chamber of Commerce Foundation** or the **Springfield Area Chamber of Commerce**. Mail to: **PO BOX 155, Springfield, OR 97477**

Donations to the Foundation are tax deductible as a charitable contribution.
Springfield Area Chamber of Commerce Foundation Tax ID #86-2803373



For more information,
contact Paige Walters:
paige@springfield-chamber.org