

2020 SPONSORSHIP OPPORTUNITIES



26 N Main Street
Cortland, NY 13045
Phone: (607) 753-7363
Website: www.aticortland.org

◆ **1st Annual Universal Access Dinner: Honoring the Legacy** | April 24, 2020

The Universal Access Dinner will be an annual event to honor our agency's history, celebrate our accomplishments, and kick off planning for the future with friends, family, and community members.

- **Donate at any level:** \$100 \$250 \$500 \$1000 Other Amount \$ _____

◆ **Universal 5+½K: Honoring our Founder, Frances A. Pizzola** | April 25, 2020

ATI's first annual all-inclusive street race has two distances – a 5K and a ½ K – to ensure that athletes of all abilities are able to fully participate in this physical challenge. Help us make this event possible as we walk, run, and roll our way toward a community that is accessible for everyone!

- **Donate at any level:** \$100 \$250 \$500 \$1000 Other Amount \$ _____

◆ **Accessible Festival!** | July 2020

A fun and fresh fundraiser to engage our community and highlight Universal Design in recreation!

- **Donate at any level:** \$100 \$250 \$500 \$1000 Other Amount \$ _____

◆ **Community Room / Computer Lab** | Full Year

Help us continue to offer public access to our Community Room and fully accessible computer lab for events, meetings and workshops.

- **Donate at any level:** \$100 \$250 \$500 \$1000 Other Amount \$ _____

◆ **Mary E. Ewing Scholarship Fund for Independent Living** | Full Year

Support the cost of providing a \$150 scholarship to a graduating senior who emulates the spirit of independent living in each of Cortland's five high schools. Help us build a sustainable fund for decades to come!

- **Donate at any level:** \$100 \$250 \$500 \$1000 Other Amount \$ _____

Please contact us to learn more about other ways to give.

CONTACT / PAYMENT INFORMATION

Donor Name: _____		Organization: _____	
Address: _____		Phone #: _____	Email: _____
Payment Amount: \$ _____		Method: <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Please Bill Me	
Payment Type: <input type="checkbox"/> One-Time <input type="checkbox"/> Recurring		If Recurring: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
Card Type: _____	Card #: _____	Exp. Date: _____	CCV: _____
Donor Signature: _____		Date: _____	

Thank You for Making the Future Accessible for All People with Disabilities!