



Partnership Commitment Form

ORGANIZATION NAME: _____
ORGANIZATION _____
ADDRESS: _____
CONTACT PERSON: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

PARTNERSHIP SUPPORT LEVEL

_____ Crown Jewel “Exclusive” Partner (\$40,000)
_____ Diamond Level Partner (\$25,000)
_____ Ruby Level Partner (\$15,000)
_____ Emerald Level Partner (\$10,000)
_____ Sapphire Level Partner (\$5,000)
_____ Garnet Level Partner (\$2,500)
_____ Community Business Partner (\$1,000)
_____ Non-Profit Partner (\$500)
_____ **Amount Enclosed**

Tallahassee World Carnival
P.O. Box 14871
Tallahassee, FL 32317
Ph: (850) 251-7274

Please return this form with a check payable to
“Caribbean Carnival International, Inc.”