

## Oceanside International Film Festival Sponsorship Commitment Form

Recognition Level	Minimum Contribution	Amount Enclosed
PRODUCER	\$2,000	
DIRECTOR	\$1,500	
SCREENWRITER	\$1,000	
EDITOR	\$500	
GRIP	\$250	
BEST BOY	\$100	

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

**Payment Information**

\_\_\_\_\_ Check enclosed made out to "OIFF c/o OCAF" \_\_\_\_\_ Credit card

Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

Card Type \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CSV Code \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**In-Kind Donation Commitment** (check all that apply). The committee will contact you to make arrangements.

- |   |  |
|---|--|
| <input type="checkbox"/> Table at the Opening Night Gala<br><input type="checkbox"/> Table at the Awards Ceremony<br><input type="checkbox"/> Opening Night After-Party<br><input type="checkbox"/> Closing Night After-Party | <input type="checkbox"/> Workshop Catering<br><input type="checkbox"/> Silent Auction Sponsorship<br><input type="checkbox"/> Hotel Sponsorship<br><input type="checkbox"/> Other (specify): _____ |
|---|--|

**Non-profit Identification**

OIFF's parent organization is the Oceanside Cultural Arts Foundation (OCAF), a 501c3 organization  
 Tax ID number: 33-0357137

**Submit Payment To:**

Oceanside International Film Festival  
 c/o Oceanside Cultural Arts Foundation  
 P.O. Box 3054  
 Oceanside, CA 92051  
 Tel: 760-433-3632

Or, you may submit via email: [oiff@ocaf.info](mailto:oiff@ocaf.info)

