



Elev8Life Educational Foundation is on a mission to train young adults (teens through college-age), who step up and become “TLT” - Tomorrow’s Leaders Today!

PARTNERS LIKE YOU MAKE IT POSSIBLE for Elev8Life to raise the bar on low expectations, nurture social and emotional maturity, stand for excellence, foster empathy, help participants discover their identity & choose a life with purpose!

iIDENTIFY IMPACT’S 7-day leadership intensive provides:

- Personal Growth & Development Tools, Applicable Life Skills
- Transformational Curriculum, Hands-on Activities, & Interactive Workshops
- Expert Facilitators, Mentors & Guest Speakers
- Constructive Character Challenges / Positive Peer Influence
- Serving Leadership Opportunities, Documented Service Hours

PLEASE TAKE A MOMENT TO CONSIDER the positive impact you can have on future leaders - **COMPLETE** the following Sponsorship Agreement and **COMMUNICATE** your desired level of support. Elev8Life is delighted to honor and recognize our sponsors’ generous support.

We have seen great results from our efforts and look forward to you being a part of the IMPACT!

thank you!

TO ALL OUR SPONSORS

We couldn't have done it without you.



0000098 01/20/21



Consumer's Certificate of Exemption

DR-14
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8016973630C-2	03/31/2021	03/31/2026	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

ELEV8LIFE INC
6820 NW 34TH AVE
FORT LAUDERDALE FL 33309-1229

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



SPONSORSHIP AGREEMENT

DONOR INFORMATION

- PRIVATE DONOR**
- CORPORATE SPONSORSHIP** – company logo will be included in sponsor graph

NOTE - Email LOGO GRAPHIC FILES in PNG format to Elev8Programs@gmail.com

NAME (Individual or business): _____

ADDRESS: _____

PHONE: _____ WEBSITE: _____

CONTACT NAME AND TITLE: (if different from above) _____

CONTACT CELL# _____ CONTACT EMAIL: _____

GIVING OPPORTUNITIES

- MONTHLY SUPPORT:** Donation amount \$ _____
- ANNUAL SUPPORT:** Donation amount \$ _____
- INDIVIDUAL DONATION:**
 - MONETARY SUPPORT** - Donation amount \$ _____
 - GIFT-IN-KIND** - Item Description: _____ Estimated Value: \$ _____
- SPECIAL DEDICATION:** For example - birthday, anniversary, etc. \$ _____
- MEMORIAL GIVING:** Donation amount \$ _____ / Legacy Item _____
- SCHOLARSHIP FUNDING:**
 - CIRCLE AND NAME:** specific student, mentor or general scholarship fund: _____
 - Donation amount toward **STUDENT Scholarship Fund** \$ _____ (hard costs \$2,000 per)
 - Donation amount toward **MENTOR Scholarship Fund** \$ _____ (hard costs \$1,000 per)

DONATION METHODS

- ONLINE:** [DONATION LINK](https://Elev8Life.org/Partner) (https://Elev8Life.org/Partner)
- CREDIT CARD:**
 - Card Number _____ Expiration: ____ / ____ CVV: _____
 - Billing Address _____
 - Cardholder's Name: _____ Signature: _____
- CHECK:** Payable to Elev8Life / 6820 NW 34th Ave, Fort Lauderdale, FL 33309