

Individual Sponsorship Commitment Form

I / We would like to support APLI as the **Friends of APLI Sponsor** for Year 20__.

Contact Information

Name: _____

Phone Number: _____

Email: _____

Donation Amount: _____

Signature: _____

Please select

Name

Anonymous

for acknowledgement
on APLI's website

Payment

By Interac e-Transfer to: aplisponsorships@gmail.com

Or by cheque payable to:

The Association of Professional Language Interpreters
P.O. Box 31338, Bayview 16th Ave. P.O.
Richmond Hill
Ontario L4C 0V7

Upon receipt of payment, APLI will issue a receipt for your records.

Terms and Conditions:

- Sponsorship is valid for the specified calendar year.
- APLI reserves the right to decline and/or revoke sponsorships.
- Please note that APLI is a non-profit organization but not a registered charity, hence the receipt cannot be used for charity donation tax deduction purpose. However, it can still be used for business expense tax deduction where applicable.