

# 2024 PR Campaign Commitment Form

Real Food. *frozen.*



## Fundings Level for Frozen Food Consumer PR Campaign

### MANUFACTURER

Manufacturer's financial commitment is based on annual frozen food sales volume per the schedule on the right. Sales volume should include all subsidiaries and divisions.

### SPONSORSHIP LEVELS

<b>Platinum Sponsor</b>	\$176 Million & over	\$25,000
<b>Gold Sponsor</b>	\$91 - \$175 Million	\$15,000
<b>Silver Sponsor</b>	\$46 - \$90 Million	\$5,000
<b>Bronze Sponsor</b>	\$0 - \$45 Million	\$2,500

### RETAILER

Retailer sponsorship levels are based on total store sales. \*Retailers will receive credit for one half their contribution towards the purchase of POS materials.

### SPONSORSHIP LEVELS

<b>Under \$5 Billion</b>	\$1,000
<b>\$5 - \$10 Billion</b>	\$2,500
<b>Over \$10 Billion</b>	\$5,000

### SALES AGENT

Sales agent's financial commitment is based on total company frozen food commission.

### SPONSORSHIP LEVELS

<b>Under \$1 Million</b>	\$1,000
<b>\$1 - \$10 Million</b>	\$2,500
<b>Over \$10 Million</b>	\$5,000

**DISTRIBUTOR**                      **\$500**

**LOCAL ASSOCIATION**           **\$100**

**LOGISTICS PROVIDER**           **\$500**

**SUPPLIER**                           **\$500**

# 2024 PR Campaign Commitment Form

Real Food. *frozen.*



## 2024 Financial Pledge

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

Brand(s) to be recognized \_\_\_\_\_

\*Sponsor understands and agrees that it will receive all of the benefits on the PR Campaign Sponsor Benefits list at the contribution level selected. If you elect to opt **OUT** of any listed benefits, please indicate below:

\_\_\_\_\_

**We support NFRA's Frozen Consumer PR Campaign by pledging  
our financial support in the amount of \$ \_\_\_\_\_**

Check enclosed (make checks payable to NFRA)     Please invoice

Charge my:  Visa     Mastercard     American Express     Discover

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Billing zip code \_\_\_\_\_