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2018 Sponsor Commitment Form (PLEASE PRINT)

Organization Name:				
Contact Name:				
Address:		_ City:	State: Zip:	
Phone Number:	lumber: Ext:		Fax Number:	
Email Address:				
Website:				
Sponsorship Level	Quantity	Price Each	Total	
Gold Sponsor		\$2,500	\$	
Silver Sponsor		\$1,000	\$	
Bronze Sponsor		\$500	\$	
We would like to make a	a donation:		\$	
Grand Total \$ Please charge my: Personal Credit Card Business Credit Card				
□ Visa	□ Mastercard	Card Number	Expirat	tion Date
Discover	American Express	Name on Card	Secu	rity Code
Enclosed is my check for \$ Please make checks payable to The Children's Center		Signature		
	5	, , ,	oung@thechildrenscenter.com. n .JPG or .TIF file, 300 dpi or greater	:
	Your sponsorship is tax-deductible. A tax receipt will be mailed to you upon receipt of payment.			the
	Commitment Deadline: Wednesday, August 1, 2018			