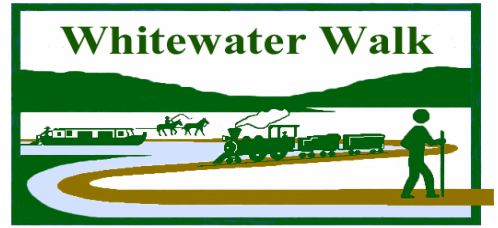


# Corporate Sponsorship Form

Mail or fax this form with payment to:



September 21 – September 28  
2008

Date \_\_\_\_\_ Contact Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-mail \_\_\_\_\_

### Sponsorship Level:

- Gold Sponsor \$500.00
- Silver Sponsor \$300.00
- Copper Sponsor \$200.00
- Bronze Sponsor \$100.00
- Personal Donation

Payment \$ \_\_\_\_\_

### Method of Payment:

**Credit Card**  Visa  Master Card

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name (*please print*) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**Check** payable to: \_\_\_\_\_

*All proceeds will benefit*

**Questions?** Contact