

Sponsor Sportunities

Contact:	
Address:	
City:	StateZip
Phone	email
PLEASE SELECT YOUR SPONSOR LEVEL	
CHEER \$1,000 SANTA \$500 TREAT \$300	
Card Holder Name	
Type of Card	Am Exp. MC Visa Other
Account #	
Expiration Date	CID Code
Zip Code	Amount \$
Event/Purpose	
Date	Phone #
Signature/ Authorization	



Company Name: