



Sponsor Name: _____
(As you would like it to be recognized)

Sponsorship Level:

- _____ SUN (\$10,000 cash) (\$5,000 tax-deductible) (40 VIP tickets)
- _____ MOON (\$7,500 cash) (\$3,750 tax-deductible) (30 VIP tickets)
- _____ EARTH (\$5,000 cash) (\$2,500 tax-deductible) (20 VIP tickets)
- _____ FIRE (\$2,500 cash) (\$1,000 tax-deductible) (15 GA tickets)
- _____ WATER (\$1,000 cash) (\$400 tax-deductible) (6 GA tickets)
- _____ AIR (\$600 cash) (\$400 tax-deductible) (2 GA tickets)
- _____ Individual GA Ticket (\$250 cash) (\$100 tax-deductible)

Address: _____

Email: _____

Phone: _____

Contact Person's Name, Title: _____

Authorized Sponsor Signature: _____ Date: _____

_____ Emailed logo/ad as applicable to jennifer.felts@chsfl.org

_____ Please make checks payable to Children's Home Society of Florida

_____ Charge my _____ Visa _____ MasterCard _____ American Express _____ Discover

Credit Card #: _____ Expiration date: _____ CVV: _____

Name as it appears on card: _____

Billing address: _____ City, State, ZIP: _____

Signature: _____ Total Amount: \$ _____

_____ Please invoice me.

Please fax or mail this completed form to:
Children's Home Society of Florida; Attention: Jenny Felts
711 NW 1st Street, Gainesville, FL 32601
Fax: (352) 334-4345
Phone: (352) 334-0955
Email: Jennifer.Felts@chsfl.org

Thank you for helping the children in our community.

CHILDREN'S HOME SOCIETY OF FLORIDA, REGISTRATION #CH180, IS REGISTERED WITH THE STATE UNDER THE SOLICITATION OF CONTRIBUTIONS ACT. A COPY OF THIS OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.

For office use only

Date received: _____ Authorized Representative Signature: _____

Completed by sponsor Completed by sponsor representative