



## SPONSORSHIP COMMITMENT FORM

(Forms/online registration must be received by 8/31/2024 to be included in Event Materials)

Name of Sponsor/Individual \_\_\_\_\_

(please print name as you would like it to appear in event materials)

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

Address \_\_\_\_\_

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

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

### COMMITMENT:

(check one)

- |   |   |
|---|---|
| <input type="checkbox"/> \$35,000 Presenting Sponsor        | <input type="checkbox"/> \$10,000 Table Sponsor |
| <input type="checkbox"/> \$15,000 Entertainment Sponsor     | <input type="checkbox"/> \$5,000 Valet Sponsor  |
| <input type="checkbox"/> \$15,000 Bar or Activation Sponsor |   |

### BILLING AND PAYMENT INFORMATION:

- My check made payable to The Caring Foundation of Texas is enclosed.
- Please bill my credit card (check one):  AMEX  MC  VISA  DISC

Cardholders Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Exp. Date \_\_\_\_\_ CSV# \_\_\_\_\_ Phone \_\_\_\_\_

If applicable, please check below:

- I do not wish to be listed in printed materials  I decline all benefits
- I am unable to attend, but wish to make a \$\_\_\_\_\_ contribution.
- I would like to make an in-kind or non-cash donation to be included in the event, please contact me!

**Fair Market Value per guest: \$250 (includes Food and Drinks)**

**Mail Form w/check or credit card info. to:**

The Caring Foundation of Texas

1001 E. Lookout Dr., Ste. B-12.310C, Richardson, TX 75082

**Email Form:** Caring Foundation Team at [info@carevan.org](mailto:info@carevan.org). Questions? Call 1-866-806-7468