



# Sponsorship Form

Please complete this form and return to us along with your payment

YES. I/we will participate as a Sponsor:

Title Sponsor	<input type="checkbox"/>	\$5,000
Diamond	<input type="checkbox"/>	\$2,500
Platinum	<input type="checkbox"/>	\$1,000
Gold	<input type="checkbox"/>	\$500
Silver	<input type="checkbox"/>	\$250

I/we will also Exhibit (Y/N):

I/we have an Exhibit (Y/N):

Desc. Exhibit/Display and/or Rqmts.:

YES. I/we would like to Contribute:

With Cash, Check or Credit Card

In the Amount of \$

With Goods or Services

Valued at \$

Describe:

Company Name

Contact Name

Company Address

City

State

Zip

Business Phone

Cell Phone

Email

Web Site (URL)


Please Charge My:

Card #

Name on Card

Billing Address

City

Signature

(Enter one: Visa, MasterCard, American Express)

Exp.


**Enclosed is my check**

Please make check payable to:

**CHOC Foundation for Children**

Tax ID# 95-6097416

**Enclosed is my check**

Please make check payable to:

**CHOC Foundation for Children**

Tax ID# 95-6097416

Please mail this completed form to:

**Give Blood Play Hockey  
4182 Homestead St.  
Irvine, CA 92604**

It is understood a portion of the proceeds will be used to cover the operational costs of this event.