



Sponsorship Form

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

YES. I/we will participate as a Sponsor:		Title Sponsor		\$25,000	
		Diamond		\$10,000	
		Platinum		\$2,500	
		Gold		\$1,000	
		Silver		\$500	
		Bronze		\$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 /Team Name					
Contact Name					
Company Address					
City		State		Zip	
Business Phone		Cell Phone			
Email					
Web Site (URL)					

Please Charge My:		(Enter one: Visa, MasterCard, American Express)								Enclosed is my check
Card #					Exp.					Please make check payable to: CHOC Foundation Tax ID# 95-6097416
Name on Card										
Billing Address										
City			State			Zip				
Signature										

Please mail this completed form to:

Julie Ruff
Give Blood Play Hockey
P.O. Box 18170
Irvine, CA 92623

Or email to: juliearuff@gmail.com