



SPONSORSHIP FORM

NAME OF DONOR: _____

_____ *Check here if you wish your donation to remain anonymous*

Contact Person (if different from donor): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

SPONSORSHIP LEVEL: (Please check one – see attached sponsorship levels for dollar amounts)

- | | | |
|-------|----------|---------|
| _____ | Platinum | \$5,000 |
| _____ | Diamond | \$2,500 |
| _____ | Gold | \$1,000 |
| _____ | Silver | \$500 |
| _____ | Bronze | \$250 |

TICKET INFORMATION: \$75.00 per person

of Tickets _____ x \$75.00 = _____

Thank you for your contribution: CARE is a charitable organization and exempt from taxation under Section 501(c)(3) of the IRS code. The Federal Identification Number is 45-2798086. Please make all checks payable to C.A.R.E.

Please mail or fax a copy of this form to CARE, or call (910) 256-2624.

1808 Sir Tyler Drive
Wilmington, NC 28405
Phone (910) 256-2624 Fax (910) 256-2981
www.CAREWilmington.org CARE@AAHPCR.com