

CIAO ALDERSGATE AFTER DARK 2023 | SPONSORSHIP FORM

COMPANY or INDIVIDUAL NAME

CONTACT NAME

____/____/____
DATE

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

PRINTING & PUBLICATIONS

Please use the following name (individual, corporation or foundation) for sponsorship listing in publications and other printed materials, when applicable.

Print or type exactly as it should appear and circle alphabetizing letter.

 I (We) prefer not to be listed in any printed materials. I am an anonymous donor.

PAYMENT INFORMATION

Make checks payable to Camp Aldersgate, Inc. Final payment due by: _____

Sponsorship Level: _____

Total Contribution: \$ _____ Amount Enclosed: \$ _____

Balance to be billed now: \$ _____ Balance to be billed: \$ _____

Individual or department to be billed: _____ Phone: (____) _____

Credit Card #: _____ Exp. Date: ____/____ Security Code: _____

Make my gift go further. Please increase my gift by 3% to help cover transaction expenses.

Authorized Signature of Donor: _____ Date: ____/____/____

SPONSOR REPRESENTATIVE

____/____/____
DATE

CAMP ALDERSGATE, INC. REPRESENTATIVE

____/____/____
DATE