



# SPONSOR FORM

SPONSOR PACKAGES			
<input type="checkbox"/> Grand Slam \$15,000	<input type="checkbox"/> Pennant \$10,000	<input type="checkbox"/> Event \$7,500	<input type="checkbox"/> Activity \$5,000
<input type="checkbox"/> Family \$3,000	<input type="checkbox"/> Friendship \$1,000	<input type="checkbox"/> Gratitude \$500	<input checked="" type="checkbox"/> THANK YOU!

## PAYMENT INFORMATION

Please mail this form with payment to CHSofNJ | Attn: Wellness At Bat | 635 S. Clinton Ave. | Trenton, NJ 08611 or visit <http://weblink.donorperfect.com/WABSponsors> to pay online. If paying by check, kindly put Wellness At Bat or WAB in the memo field.  
 \*To be included on printed materials, please submit forms by 3/17/25.\*

## ORGANIZATION INFORMATION

Company Name	
Contact Name & Title	
Address	
Phone & Email	
Sponsorship Amount	
Check or Credit Card?	<input type="checkbox"/> Check Enclosed <input type="checkbox"/> Credit Card Payment

## CREDIT CARD INFORMATION

Card Number	
Expiration Date	CVV or CV2
Billing Info	<input type="checkbox"/> Same As Above
Address	
Name on Card	
Signature	