



# SPONSOR FORM

## SPONSOR PACKAGES

<input type="checkbox"/> Visionary \$20,000	<input type="checkbox"/> Hero \$10,000	<input type="checkbox"/> Advocate \$5,000
<input type="checkbox"/> Catalyst \$2,500	<input type="checkbox"/> Ally \$1,000	<input checked="" type="checkbox"/> Thank You!

## PAYMENT INFORMATION

Please mail this form with payment to CHSofNJ | Attn: Champions For Children | 635 S. Clinton Ave. | Trenton, NJ 08611 or visit [www.chsofnj.org/c4c](http://www.chsofnj.org/c4c) to pay online. If paying by check, kindly put Champions For Children or C4C in the memo field.

\*To be included on printed materials, please submit forms by Wednesday, October 15th.

## 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		