



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 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	