



2009 NFL Alumni Golf Classic & Caring For Kids Banquet

JUNE 18-19th 2009 | BENEFITING THE CENTER FOR CHILD PROTECTION



Tournament and Banquet Sponsorships

Title (Mr./Ms.) _____

First Name _____

Last Name _____

Company/Organization _____

Address (home/office *circle one*) _____

City, State Zip _____

Office Phone _____

Home Phone _____ Cell Phone _____

Email _____

CHOOSE ONE OR MORE

<p>Banquet Sponsorships</p> <ul style="list-style-type: none"> <input type="checkbox"/> Caring for Kids Table Sponsor \$1,000 <p>Tournament Sponsorships</p> <ul style="list-style-type: none"> <input type="checkbox"/> Photography Sponsor \$1,750 <input type="checkbox"/> Golf Cart Sponsor \$1,500 <input type="checkbox"/> Hole Sponsor \$250 <p>Food & Beverage Sponsorships</p> <ul style="list-style-type: none"> <input type="checkbox"/> Awards Lunch Sponsor \$5,000 <input type="checkbox"/> Tournament Breakfast Sponsor \$1,000 <input type="checkbox"/> Golf Course Snack Sponsor \$1,000 <input type="checkbox"/> Snack Cart Sponsor \$1,000 <input type="checkbox"/> Beverage Sponsor \$1,000 	<p>Merchandise Sponsorships</p> <ul style="list-style-type: none"> <input type="checkbox"/> Golf Shirt Sponsor \$5,000 <input type="checkbox"/> Golf Cap Sponsor \$2,000 <input type="checkbox"/> Duffle Bag Sponsor \$1,750 <input type="checkbox"/> Golf Ball Sponsor \$1,250 <input type="checkbox"/> Volunteer T-shirt Sponsor \$500 <input type="checkbox"/> Golf Bag Tag Sponsor \$500
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We will be in touch with you shortly to discuss your sponsorship.

PLEASE FAX THIS FORM TO 512-472-1167
Questions? Please contact Development Associate, Katie Barta at 512/472-1164 or kbarta@centerforchildprotection.org. Thank you so much for your support!



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PAYMENT: Tournament and Banquet Sponsorships

METHOD OF PAYMENT

CHECK ENCLOSED IN THE AMOUNT OF \$ _____

Make check payable to Center for Child Protection

Mail to: Center for Child protection, 8509 FM 969, Bldg. 2 Austin, TX 78724

PLEASE INVOICE ME FOR MY CONTRIBUTION OF \$ _____

I WOULD LIKE TO CHARGE MY CONTRIBUTION OF \$ _____

Mastercard Visa Discover American Express

Card No: _____

Expiration Date: _____

Signature: _____

PLEASE FAX THIS FORM TO 512-472-1167
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