



# 2009 Sponsorship/Ticket Sales Form

Tuesday, September 15, 2009

Thank you for supporting Spaulding for Children's mission to find permanent loving homes for children in our community through your Sponsorship of the Dave Thomas Celebrity Cookoff.

Sponsor/Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### Sponsorship Levels

Please indicate your sponsorship level: (Descriptions of sponsorship levels can be found on the Opportunities form.)

- |   |  |
|---|--|
| <input type="checkbox"/> Platinum Suite Sponsor - \$20,000      | <input type="checkbox"/> Premier Table Sponsor - \$2,100   |
| <input type="checkbox"/> Gold Celebrity Chef Sponsor - \$15,000 | <input type="checkbox"/> Corporate Table Sponsor - \$1,750 |
| <input type="checkbox"/> Silver Auction Sponsor - \$10,000      | <input type="checkbox"/> Individual Seats - \$100          |
| <input type="checkbox"/> Bronze Sponsor - \$5,000               |  |

### Table Seating Preferred

Please indicate which table seating you would prefer.  6:15 pm  8:15 pm

### Additional Support

- I cannot attend, but please accept my generous gift of \$\_\_\_\_\_ to help Spaulding for Children find permanent loving homes for children.
- I cannot attend, but will underwrite \_\_\_\_\_ table(s) for a Spaulding family(s) at \$1,750 each, or purchase \_\_\_\_\_ ticket(s) at \$100 each.

### Sponsorship Payment

(Checks Payable to: Spaulding for Children - Tax ID: 38-1871660)

Form of Payment: \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

\_\_\_\_\_ Enclosed Purchase Order # \_\_\_\_\_ Purchase Order/Amount Enclosed: \$ \_\_\_\_\_

\_\_\_\_\_ Please send us an invoice for the above indicated amount.

Credit Card Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Signature: X \_\_\_\_\_

To confirm your sponsorship, please sign and return this form along with payment, purchase order or request for invoice to: Cheryl Gist at Spaulding for Children.

Authorizing Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

*(Ad sizes: Full Page/4.25 x 7.5, Half Page/4.25 x 3.65, and Quarter Page/2 x 3.65)*



16250 Northland Drive, Suite 120, Southfield, MI 48075  
248.443.0300 or 248.443.7080 fax: 248.443.7099  
[www.spaulding.org](http://www.spaulding.org)

