



SPECIAL KIDS INC.

SPONSOR INFORMATION



NAME: _____

ADDRESS: _____

PHONE: _____

STAR SPONSORSHIP - \$1,500
DINNER FOR EIGHT WITH ACKNOWLEDGEMENT

HORS D'OEUVRES SPONSOR - \$250
WITH ACKNOWLEDGEMENT

BEVERAGE SPONSOR - \$250
WITH ACKNOWLEDGEMENT

CANDY TABLE SPONSOR - \$100
WITH ACKNOWLEDGEMENT

SUMMER THERAPHY SPONSOR - \$75
SPEECH, OCCUPATIONAL, HORSEBACK RIDING,
FITNESS, YOGA

CASH DONATION OR ITEM TO DONATE

TOTAL AMOUNT OF SPONSORSHIP: \$ _____

_____ ♦ _____

CREDIT CARD INFORMATION

NAME: _____ CARD NO. _____

EXP. DATE: _____ CSC: _____

CHECKS PAYABLE TO SPECIAL KIDS INC. AN ACKNOWLEDGEMENT COPY WILL BE
SEND BACK TO YOUR CONTACT ADDRESS

.QUESTIONS? CALL JEANNE LIZZA 313-377-8388