

**Children's Charities of Fort Worth
Fort Worth Margarita Society
SPONSORSHIP FORM**

Contact Name _____ Phone _____

Sponsor Name *(for printed materials)* _____

Address _____

City _____ State _____ ZIP _____

Email _____

PAYMENT INFORMATION

☐ Check # _____ *(payable to Children's Charities of Fort Worth)* Amount Enclosed \$ _____

☐ Please charge ☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

Card Number _____ Exp Date _____

Billing Address *(if different from above)* _____

City _____ State _____ ZIP _____

Signature _____ CVV Code _____

(Your account information will be destroyed after processing)

☐ Sponsorship Level _____ \$ _____

☐ I can't attend but would like to make a donation! Amount \$ _____

Please return to:

Carolann Morris, Children's Charities of Fort Worth – PO Box 17417, Fort Worth, TX 76102

Email Logo to: fwmball@gmail.com Questions? Email fwmball@gmail.com Call (817) 880-4787

GUEST INFORMATION

Please list the first and last names of your guests at your table:

1 _____ 6 _____

2 _____ 7 _____

3 _____ 8 _____

4 _____ 9 _____

5 _____ 10 _____