**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**](mailto:fwmball@gmail.com) **Questions? Email** [**fwmball@gmail.com**](mailto: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