



## Sponsorship Form

Sponsor name as it should appear in event publications:

\_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

- Defender of Children \$10,000**
- Ambassador for Children \$7,500**
- Advocate for Children \$5,000**
- Champion for Children \$2,500**
- United for Children \$1,500**

Check enclosed in the amount of \$ \_\_\_\_\_  
payable to

Children's Advocacy Center of Hidalgo and Starr Counties

Pay by credit card  VISA  MASTERCARD  AMEX

Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received at CACHSC by \_\_\_\_\_ Date: \_\_\_\_\_