



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: _____