



2017 Butterfly 5K Sponsorship Form

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail address: _____

Sponsorship Level:

- | | |
|---|--|
| <input type="checkbox"/> Platinum Plus Level \$1000.00+ | <input type="checkbox"/> Silver Level \$250.00 |
| <input type="checkbox"/> Platinum Level \$750.00 | <input type="checkbox"/> Bronze Level \$100.00 |
| <input type="checkbox"/> Gold Level \$500.00 | |

Payment Options:

- I have enclosed a check in the amount of \$_____ made payable to "The Julia Cekala Charitable Foundation". Indicate on your check "Donation". Our tax exempt number is 056-147-332.
- Credit Card The Julia Cekala Charitable Foundation is authorized to charge my
- Visa MasterCard American Express (select one) in the amount of: \$_____

Card Number: _____

Exp. Date : _____ Security Code: _____

Print Name as it Appears on Card: _____

Signature of Card Holder: _____

**Complete this form and mail it to:
The Julia Cekala Charitable Foundation
P.O. Box 1070
North Attleboro, MA 02761**