



## 2019 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**