

SPONSOR FORM



AI N	SUPPOR	T OF "1	THE CENTER" -	THE FAMILY C	RISTIAN DEVELO	PMENT CENTE	R		
PLEASE SEND FOR						73.2149 - FAX	574.77	3.5337	
			<u>CDCIN.ORG</u> – WW						
COMPANY/DONOR: CONTACT NAME:									
ADDRESS: STATE: ZIP:									
(*EMAIL:		PHONE:							
*PLEASE MARK YOUR SELECTION OF SPONSORSHIP									
Ref Society		PLATINUM		GOLD	SILVER		BRONZE		PER
		\$10,000 16		\$5,000 12	\$2,500 8	\$1,00	0 \$500 2		2196
PR FOR EVENT		X		X	0		- } }		
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EVENT PROGRAM INSERT		X		Х	Х	Х	X		L.V.L
ACKNOWLEDGEMENT IN		FULL PAGE		½ PAGE	¼ PAGE	LISTEI	D	LISTI	ED 🕞
QUARTERLY NEWSLETTER									2
			WILL BE ATTENDING AND HOW MANY TICKETS						
September 17th	6:30-8 pm		Mullet's - Nappanee					x\$25	
September 22nd	7:00-8:30 am		Renee's - Nappanee Main St. Roastery - Nappanee				x\$25		
October 1st	6:30-8 pm				x\$25				
October 8th	6:30-8 pm		Dutch Kitchen - Nappanee					x\$25	
October 15th	6:30-8 pm		LaSalle Grill, The Barns @ Amish Acres - Nappanee				x\$25		
October 22nd	6:30-8 pm		Mullet's - Nappanee					x\$25	100
) • •	v					TOTAL		x\$25	
I/WE ARE NOT ABLE TO ATTEND AT THIS TIME, BUT WOULD LIKE TO MAKE A DONATION:									
							\$_		
I WOULD LIKE TO MAKE AN ADDITIONAL DONATION:				:			•		
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						TOTAL	\$_		i i bdi
PAYMENT METHOD:	A PORTION OF	YOUR DO	NATION MAY BE TAX-	DEDUCTIBLE. EIN:	35-1979463				
Please Invoice me		will pay	online (donate	button & ind	icate for CTTT 20	020) 🗆 C	ash	🗌 Chec	k
↓ □ Visa □ MC □ Amex ⊠ Disc. Credit Card#:Exp:Exp:								_CVV:	
Name as it appears on card:									
Billing Address (if different):									
Please send me your guarterly newsletter Email:									1