

# CALIFORNIA FAIRPLAY, KIDS PLAY CAMP

## SACRAMENTO REGION SUMMER ASTHMA CAMP SPONSORSHIP FORM

Corporation: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Sponsorship level:

Gold Membership - \$5,000 & UP

Silver Membership - \$1,000 & Up

Bronze Membership - \$100 & Up

Donor: Any Amount Specified under \$100

Media day, publicity shots with children, Logo / Name on camp banner, all printed materials, official tee shirts & Program. Sponsorship mentioned in PSA's.

Logo / Name on T-shirts, camp banner & program. Sponsorship mentioned in PSA's.

Logo name on T-shirts.  
\_\_\_\_\_

### Payment Information:

Your sponsorship is tax deductible to the full extent of the law. Enclosed is a check in the amount of \$ \_\_\_\_\_

Make checks payable, and return sponsorship form to:

California FairPlay Asthma Camp  
P.O. Box 683  
Rancho Murieta, CA 95683  
Federal Tax ID# 68-0478178