

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