

GAME TIME GALA



SPONSORSHIP COMMITMENT

GENERAL INFORMATION:

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____ Web address: _____

SPONSORSHIP COMMITMENT LEVEL (CHECK LINE):

_____ Presenting: \$50,000

_____ Halftime: \$7,500

_____ Champion: \$25,000

_____ Starter: \$5,000

_____ MVP: \$15,000

_____ 6th Man: \$2,500

_____ All Star: \$10,000

METHOD OF PAYMENT (CHECK CORRECT INFO):

_____ Check:

Enclosed is my sponsorship check for in the amount of \$ _____

_____ Charge My Card:

_____ Visa _____ MasterCard _____ Discover _____ Amex

Cardholder's name: _____

Billing Address: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Please Send invoice to: _____

We are unable to be a designated sponsor this year but enclosed is our donation of \$ _____

Sponsor Signature: _____ Date: _____

Donations made to Philadelphia Youth Basketball may be tax deductible to the extent allowable by law. Please consult your tax advisor.

