



White Plains Children's Center in a
501(c)(3) non-profit organization.
Tax ID - 58-1792551

SIP: Supporting Inclusion in Preschool

A Night in Italy with dinner, music and a silent auction
4th Annual White Plains Children's Center Gala

Sponsorship Form

I- Sponsor Information

Please list your name as you would like it to appear in event promotional materials. To include logos in event materials, please email a high resolution image to fundraising@whiteplainschildrenscenter.org and include "Sponsor Logo" in the subject line. **To guarantee logo within marketing materials, please submit payment by August 21st.**

Sponsor Name (Company, Business, Person): _____
 Contact Person: _____ Email: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

II- Sponsorship Information

- Champion Sponsor - \$10,000 Leader Sponsor - \$1,000 Supporter Sponsor - \$250
 Benefactor Sponsor - \$2,500 Partner Sponsor - \$500 I would like to donate an amount not specified above. \$ _____

III- Payment Information

- Credit Card - Preferred payment by credit card online, please visit our website at: <http://bit.ly/WPCCSIP-Sponsor>

If you would prefer you can complete the form below.

By signing this form, you give White Plains Children's Center permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account. Please complete all fields.

Credit Card Information

Card Type: MasterCard VISA Discover American Express
 Cardholder Name (as shown on card): _____
 Card Number: _____ Expiration Date: ____/____ CVV (3 digit security code): ____

Cardholder Billing Information

Billing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

I, _____, authorize White Plains Children's Center to charge my credit card account indicated
 (Cardholder's Printed Full Name)
 above for \$ _____ on _____. This payment is for _____.
 (Amount) (Date) (Description of payment purpose)

I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Signature

Date

- Check - Please make checks payable - White Plains Children's Center

Thank you for your donation and support. Please return this form and your donation to:
 White Plains Children's Center
 313 SE Maynard Rd.
 Cary, NC 27511

Please call 919-469-2217 or email fundraising@whiteplainschildrenscenter.org if you have any questions

An acknowledgment suitable for your tax records will be sent to the address listed above.