



ANGEL CHARITY FOR CHILDREN

3132 N. Swan Rd., Tucson, AZ 85712
Tel: 520-326-3686 Fax: 520-326-3584
www.angelcharity.org

The Big Deal Poker Party Sponsorship Contract

Angel Charity Use Only

Solicited by _____

Phone _____

Tax Deductible Amount _____

- | | | |
|---|--|---|
| <input type="checkbox"/> VIP Sponsor \$ 10,000 | <input type="checkbox"/> Casino Royale Sponsor \$ 2,500 | <input type="checkbox"/> Poker Spot \$ 200 |
| <input type="checkbox"/> High Roller Sponsor \$ 5,000 | <input type="checkbox"/> Texas Hold 'Em Sponsor \$ 1,200 | <input type="checkbox"/> General Admission \$ 150 |
| | <input type="checkbox"/> Casino Sponsor \$ 1,000 | |

- Business Contribution Individual Contribution
New Donor Yes No

Please print your name or business exactly as you wish to be recognized in Angel Charity for Children, Inc. printed material. Donations of \$1000 or more are recognized at the Angel Ball.

*Name _____

Title: Mr./Mrs./Ms./Dr(s)/Mr. & Mrs./Dr.&Mr(s)

Business Name _____

Position _____

*Address _____

City _____ State _____ Zip _____

- Business Address Individual Address

*Phone _____

*E-mail _____

*Required Information

Poker Event Invitations will be mailed to the address above unless you provide an alternative one below.

Name _____

Address _____

City _____ State _____ Zip _____

Angel Charity for Children, Inc has a donor privacy policy and never sells or rents donor information to any third party.

SPONSORSHIP, PLAYERS AND GENERAL ADMISSION GUEST NAMES

Please list the names of the players included in your table sponsorship or list the name of the individual players at \$200 each if no sponsorship purchased.

Player _____

Player _____

Player _____

Player _____

Player _____

Player _____

Player _____

Player _____

General Admission _____ @ \$150 each

General Admission _____

General Admission _____

General Admission _____

General Admission _____

General Admission _____

General Admission _____

General Admission _____

PAYMENT INFORMATION

Sponsorship Amount \$ _____

- Credit Card Visa MasterCard

Individual Players (\$200 each) \$ _____

CC Number _____

General Admission (\$150 each) \$ _____

Expiration _____ 3 Digit Security Code _____

Total Payment Amount \$ _____

- Check No. _____ Payable to Angel Charity for Children, Inc.

Signature _____ Date _____