

Wishmaker's Ball

2019 SPONSORSHIP COMMITMENT FORM

YES! I would like to help make wishes come true by sponsoring the 2019 Wishmaker's Ball.

Business Name: _____

Please print name exactly as you wish to be listed in the promotional materials

Contact Name: _____

Title: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Ext: _____

Fax: _____

Email: _____

Website: _____

SELECT SPONSORSHIP

☐ **Wish Table
Sponsor,
\$6,000**
(FMV: \$1,500)

☐ **Table Sponsor,
\$4,000**
(FMV: \$1,000)
*Special rate of \$3,500 until
Dec. 31

☐ **Individual
Ticket, \$400**
(FMV: \$100)
QTY: _____

METHOD OF PAYMENT

☐ Check (payable to: Make-A-Wish Central & Northern Florida)

☐ Please Invoice Us

**Payment due prior to event date*

☐ Visa

☐ MasterCard

☐ AMEX

☐ Discover

Card Number: _____

CSC: _____

Exp: ____/____/____

Name On Card: _____

Signature: _____

Questions? Please contact:

Make-A-Wish Development and Events Manager, Krista Zagales

kzagales@wishcentral.org, (407) 622-4673 x 209

Please return this form by Fax: 407-622-5803 or Mail To: Make-A-Wish Central and Northern Florida
1020 N. Orlando Ave, Suite 100, Maitland, FL 32751