



Vendor Affiliation Marketing Program Commitment Form

Please type or print legibly and exactly as it should appear in written materials

Company/Donor Name: _____

Company Contact: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

COMMITMENT: Please check the appropriate items

- \$10,000
- \$ 5,000
- \$ 2,500
- \$ 1,000

PAYMENT:

- Enclosed is my check.
- Please invoice me.
- Please charge to the credit card below:

 Visa MasterCard American Express

Cardholder's Name: _____

Credit Card Number: _____

Exp. Date: _____ CID#: _____

*Please note that all corporate partners are subject to approval.

Please fax or e-mail this form to (949) 640-4424. Mail checks to:

Talk About Curing Autism (TACA)
2222 Martin Street, Ste. #140
Irvine, CA 92612

Phone (949) 640-4401 E-mail: Violette.Prentice@tacanow.org
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