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PAUTISM						

OCTOBER 27, 2018

The Waterfront Beach Resort, Huntington Beach, CA

## **SPONSORSHIP FORM**

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

Company/Donor Name:			
Contact Name:	Title:		
Mailing Address:			
City: State	: Zip:		
Email: Phon	e: Fax:		
I	RSHIP LEVELS		
O TITLE SPONSOR - \$30,000	O FULL HOUSE SPONSOR - \$7,500		
O PRESENTING SPONSOR - \$22,500	O FLUSH SPONSOR - \$4,500		
O ROYAL FLUSH SPONSOR - \$15,000	O STRAIGHT SPONSOR - \$3,000		
O FOUR OF A KIND SPONSOR - \$10,000			
	AMOUNT \$		
O I WOULD LIKE TO SUPPORT FAMILIES WITH AUTISM I	BY PROVIDING A DONATION OF \$		
Credit Card Type: O			
Credit Card Number:			
Name on Card:	Expiration Date:CID#:		
O Please invoice me per the address & contact informati	on listed above		
Program print deadline is September 24, 2 All sponsorships must be paid in full prior to Octo	er 19, 2018.		
Please return completed Commitment Form to	Date:		
Talk About Curing Autism	lf you have any questions, please call our office (949) 640-4401		
2222 Martin Street, Ste 140, Irvine, CA 92612			
or email this form to tracey.hengehold@tacanow.org or fax this form to (949) 640-4424.	Thank you for your support of families living with autism!		