

Shriners' Hospital for Children Benefit

The Night of the Child – November 12, 2011

(Tax-deductible 501-c3 charity)



Shriners Hospitals
for Children™

DATE SUBMITTED: _____ Night of the Child CONTACT: _____

DONOR'S NAME: _____

COMPANY'S NAME: _____

PHONE NUMBER: (W) _____ (H) _____ (E-mail) ADDRESS: _____

CITY, STATE, ZIP: _____

CORPORATE CONTACT: (if different from Donor) _____

PHONE NUMBER: (W) _____ (H) _____ (E-mail) ADDRESS: _____

Please be specific as to how you wish to be listed in the program. For acknowledgement in the program, donor form must be received by October 28, 2011.

Mr. & Mrs. Dr. & Mrs. Mr. & Dr. Drs. Dr. Mr. Mrs. Ms.

Example: Mr. and Mrs. John Smith Line 1: _____

ABC Company Line 2: _____

Please Do Not Recognize Me or My Company in Any Publications

PLEDGE/AMOUNT: _____ SIGNATURE: _____ DATE: _____

DONOR SIGNATURE REQUIRED. DONOR FORM SERVES AS A VALID CONTRACT.

PLEASE CHECK DONATION LEVEL BELOW

_____ **\$2500 - SPONSORSHIP (Level 3)** Includes
 - 10 (ten) meals
 - Half page advertising in 2011 program
 - List on event website and event video screens

_____ **BENEFIT DONATION** - As a 501-c3 Charity, your cash donation to this event is
 - Fully tax deductible
 - To donate merchandise, please call Mick Degn at (602) 312-4554

_____ **\$5000 - SPONSORSHIP (Level 2)** Includes
 - 10 (ten) meals
 - Full page advertising in 2011 program
 - List on event website
 - Large banner displayed at the event
 - Promotion on video screens during the event
Let us be creative on how we can help you

_____ **\$10,000 - SPONSORSHIP (Level 1)** Includes
 - 20 (twenty) meals
 - Full page advertising in 2011 program
 - Listed on event website
 - Large banner displayed at the event
 - Promotion on video screens during the event
Let us be creative on how we can help you

NAME (AS IT APPEARS ON CREDIT CARD) _____ MC ___ VISA ___

CREDIT CARD TYPE/NUMBER _____ EXPIRATION DATE _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE) _____

PLEASE MAKE CHECKS PAYABLE TO EL ZARIBAH SHRINE – S.H.C. BENEFIT

PLEASE MAIL completed application along with your check or credit card information to:
 El Zaribah Shrine, SHC Benefit
 ATTN: Mick Degn/ Benefit CHAIRMAN
 2758 W. Thunderbird Rd. Ste 1 PMB 135, Peoria, Arizona 85381