Please make checks payable to:

***Holiday with Heart Charity Gayla***

**Questions:** Please contact

Steve Maenle: (c) 937-776-0584

Jack Howard: (c) 419-340-1201

Please complete and return to:

**Holiday with Heart Charity Gayla**

**Sponsorships:**

2815 Collingwood Blvd.

Toledo, OH 43610

**SPONSORSHIP CONTACT INFORMATION**

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPONSORSHIP LEVEL-** *Indicate your level of Sponsorship.*

□ **Presenting Sponsor □ Rainbow** □ **Blue** □ **Red**  □ **Yellow**

□ I am unable to sponsor the event, but check for a donation of $\_\_\_\_\_\_\_\_\_\_\_ is enclosed

□ I am unable to sponsor the event, please bill my credit card for donation of $\_\_\_\_\_\_\_\_\_\_\_

Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date\_\_\_\_\_\_\_CSC Number (3 digits, back of card)\_\_\_\_\_\_\_

Card type: Visa MasterCard Discover

**Look for ticket information mailing later this year to support HWH by attending the event.**