OCTOBER 28, 2017 The Waterfront Beach, CA

The Waterfront Beach Resort,

SPONSORSHIP COMMITMENT 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:	Phone:	Fax:		
SPONSORS		TMENT LEVELS		
O TITLE SPONSOR - \$25,000		O FULL HOUSE SPONSOR - \$7,500		
O PRESENTING SPONSOR - \$22,500) PRESENTING SPONSOR - \$22,500) FLUSH SPONSOR - \$4,500	
O ROYAL FLUSH SPONSOR - \$15,000	YAL FLUSH SPONSOR - \$15,000		O STRAIGHT SPONSOR - \$3,000	
O FOUR OF A KIND SPONSOR - \$10,000	0			
O UNDERWRITING		AMOUNT \$		
O I WOULD LIKE TO SUPPORT FAMILIES W	ITH AUTISM BY	PROVIDING A DONATION	OF \$	
PAYMENT INFORMATION				
Credit Card Type: O VISA O	AMERICAN EXPRESS	DISCOVER		
Credit Card Number:				
Name on Card:		_ Expiration Date:	CID#:	
O Please invoice me per the address & contact in	nformation listed	above		

Program print deadline is September 25, 2017. All sponsorships must be paid in full prior to October 20, 2017.

Please return completed Commitment Form to Talk About Curing Autism 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.

If you have any questions, please call our office (949) 640-4401

Thank you for your support of families living with autism!