

A MILLION DREAMS



SPONSOR COMMITMENT FORM

SPONSORSHIP OF THE "A MILLION DREAMS" GALA SUPPORTS THE MISSION THE KRABBECONNECT FOUNDATION

RECOGNITION LEVELS

- ★ #CureKrabbe Champion-\$10,000
- ★ Clinical Expert Defender-\$5,000
- ★ Partner with Us Knight-\$2500
- ★ Stronger Together Advocate-\$750
- ★ Krabbe Hero Crusader-\$200

Please note: All recognition levels above are fully (100%) tax-deductible

SPONSOR INFORMATION:

Person or Organization (as it should be listed in printed materials):

Individual Authorizing Sponsorship: _____

Signature: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

METHOD OF PAYMENT:

Amount: _____

Enclosed is my check payable to KrabbeConnect

Please bill my credit card:

MasterCard Visa American Express Discover

Name as it appears on card: _____

Signature: _____

*This signature authorizes KrabbeConnect to charge the credit card number below the stated and agreed upon amount.

Credit Card #: _____ Exp. Date: _____

(The credit card information on the bottom of this form will be securely destroyed immediately after processing.)

PLEASE RETURN COMPLETED FORM AND PAYMENT TO:

KrabbeConnect

Phone: 651-252-4117

Attn: Stacy Pike-Langenfeld

Email: info@krabbeconnect.org

PO Box 264

Rosemount, MN 55068