

SPONSOR FORM

Praise
beneath the
Stars

Platinum
Gold & Silver

TABLE SPONSOR

First Name _____

Last Name _____

Business Name _____
(to appear on event program)

Phone _____

e-mail _____

Sponsorship Level

- Platinum Sponsor - \$2000 Quantity _____
- Gold Sponsor - \$1200 Quantity _____
- Silver Sponsor - \$675 Quantity _____

Mailing Address

Street or P.O. Box _____

City _____ State _____ Zip _____

Info on Mailed check\$ _____ Check# _____

1. Email PBTS@i-care4.org to say that you're reserving a table and then mail completed form with check to iCare at POB 1515 Evans, GA 30809

or

Choose Online Option - Go To www.icareforthevoiceless.org to complete your form and pay online

All sponsors- email a high quality logo to PBTS@i-care4.org. Note: if you were a sponsor last year and have no change to your logo please check the box below.

- Yes use last year's logo.

**Thank You for your support of *icare*
and the girls you allow us to serve!**

