



Twelfth Annual Pediatric Luncheon **Registration Form**

Sponsorship Level

- \$10,000 Champion Sponsorship Level
- \$5,000-\$9,999 Gold Sponsorship Level
- \$2,500-\$4,999 Silver Sponsorship Level
- \$1,500 - \$2,499 Bronze/Table Sponsorship Level
- \$500 - \$1,499 Supporting Sponsor
- Other: _____

Table Options (\$1,500 and above sponsors)

- We will fill our table with up to 10 people. Please send us a Table Captain Packet and a Sponsor Guest List to be completed by September 17, 2011.
- Please fill our table with Hospice Staff and volunteers.
- We are unsure. Please contact me to discuss.

Payment Information

- My check is enclosed. (Please make checks payable to Safe Crossings Foundation.)
- OR Please charge my Visa MasterCard American Express
- Card # _____ Exp. Date: ____ / ____
- OR Please send an invoice to the address below

Sponsor Information

Sponsor (Company) Name: _____
Please print your name as you would like it to appear on printed materials.

Contact Name: _____

Address: _____

Email: _____

Phone: _____

Website: _____

For SCF Use Only

- Received: _____
- DP _____
- QB _____
- TY _____
- Guest List _____