

Sponsorship Form



Donor Type: Corporation ___ Individual ___ Foundation ___

Donor Listing: _____

Main Contact: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Hole in One Sponsorship - \$5000

Sunscreen Sponsorship - \$750

Ace Sponsorship - \$3500

Beverage Cart Sponsorship - \$500

Par Sponsorship - \$2500

___ Closest to Pin Sponsorship - \$350

Putting Contest Sponsorship - \$1500

___ Tee Sponsorship - \$250

Signature Drink Sponsorship - \$1000

___ Foundation Supporter - \$100

Total Sponsorship Commitment: \$ _____

Select a payment method:

___ Please charge my credit card for the full amount

___ Please charge my credit card for \$ _____

___ Check is enclosed (please make check payable to Captain Billek Foundation)

___ Check will be mailed (please mail to: 9810 Royce Dr. Tampa, FL 33626)

Account Number: _____ Expiration Date: _____

Name as it appears on card: _____

Billing Address: _____

Signature: _____ Date: _____

www.CaptainBillekFoundation.org

Registration: CH47260

A copy of the official registration and financial information may be obtained from the decision of consumer services by calling toll-free 1-800-435-7352 within the state. Registration does not imply endorsement, approval or recommendation by the state.

