



LoyalSource



Center for Autism and Related Disabilities
UNIVERSITY OF CENTRAL FLORIDA



SPONSOR/COMPANY INFORMATION

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Email: _____

Website: _____

Select your sponsorship level(s):

SPONSORSHIP LEVEL

___ VIP Tent \$10,000 ___ 2 Main Bars \$7,500 ___ Two Corner Bars \$5,000

___ Churchill \$5,000 ___ Thoroughbred \$2,000 ___ Jockey \$1,000 ___ Grandstand \$500

___ Count us in for a Foursome at the Pre-Derby Day Golf Classic-Friday. May 01, 2020 at Eagles Creek \$500

**see detailed sponsor package for values/benefits of sponsorship level*

PLEASE FILL OUT THIS SECTION COMPLETELY

T-SHIRTS

with your logo*

Size Quantity

S	
M	
L	
XL	
XXL	
other	

If you selected the Pre Derby Day Golf Classic please provide names for your foursome :

1. _____
2. _____
3. _____
4. _____

Please provide the following to

judee.samuels@ucf.edu with your

sponsorship.

1. a high resolution logo at least 300dpi
2. a paragraph description of your organization/company for the website and program

METHOD OF PAYMENT

Funds made payable to PALS

Cash Credit Card Check # _____

Sponsorship Amount enclosed or to charge \$ _____

CREDIT CARD INFORMATION

Name on card: _____

Card No. _____

Exp Date: _____ Security Code: _____ Visa Amex MasterCard Discover

Billing address if different than above: _____

I hereby acknowledge and agree to the amount of the sponsorship. I understand that PALS is a nonprofit organization and this donation is tax deductible according to Florida tax status.

Tax ID 01-0717788

Cardholder Signature: _____

PALS | PO Bos 781458 | Orlando, Florida | 32878-1458 | (P) 407.823.6020 | (F) 407.823.6012

