

Return form & payment to:
The Child Advocacy Center
1033 E. Walnut
Springfield, MO 65806

I'm supporting the June 5 CAC Award Dinner!

Name _____

Organization (if applicable) _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Sponsorship Levels (To be a sponsor, check only one of the next six boxes.)

- Dr. John P. Ferguson Circle of Child Advocates \$10,000 and up
(16 dinner seats & 8 tickets to the Patron's Party)
- Child Defender (16 dinner seats/4 Patron's Party tickets) \$7,500 to \$9,999
- Child Protector (8 dinner seats/4 Patron's Party tickets) \$5,000 to \$7,499
- Child Advocate (8 dinner seats/2 Patron's Party tickets) \$2,500 to \$4,999
- Partner (4 dinner seats/2 Patron's Party tickets)..... \$1,000 to \$2,499
- CAC Friend Up to \$999

Option ~ I would like to relinquish my tickets & donate them to the CAC.
(Ticket value is \$35. If you take tickets, their value will be subtracted from total sponsorship.)

Individual Tickets (To purchase tickets, check only one box & complete information.)

- I am purchasing ____ Dinner ticket(s) at \$75 per ticket = \$ _____.
- I am purchasing ____ Dinner/Patron's Party ticket(s) at \$175 per ticket = \$ _____.

Payment (Check only one box and complete appropriate information.)

- My check for \$ _____ is enclosed (payable to Child Advocacy Center.)
- Invoice me for \$ _____.
- Charge my VISA MasterCard (Circle One)

Charge Amount \$ _____

Card # _____ - _____ - _____

Exp. date _____

Signature