

La Maestra's Annual Toy & Gift Drive

Sponsorship Agreement Form

Sponsor Information

Sponsor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____



Toy Car Sponsor **\$5,000**



Choo Choo Train Sponsor **\$2,500**



Teddy Bear Sponsor **\$1,500**



Dolly Sponsor **\$500**

Enclosed is my check for \$ _____

*Please make your check payable to:
La Maestra Family Clinic, Inc.*

I will pay \$ _____ **via PayPal at**
www.lamaestra.org (see upper left corner)

Please charge my card \$ _____

Card Number _____

Expiration _____ Security Code _____

Billing Address _____

City, State, Zip _____

Signature _____

I will make an in-kind donation

(e.g., toys, gifts, supplies, food/drinks for volunteers)
Please fill in the information below.

Item Description and Quantity _____

Total Fair Market Value \$ _____

I can deliver the donation on Date _____

The donation can be picked up on _____

By signing below I, _____, certify that I fully understand the benefits entitled through the level of sponsorship selected on this form. I am aware of the **December 14, 2020** deadline for submitting logos for inclusion in printed materials.

Signature _____

Date _____

PLEASE RETURN THIS FORM AND PAYMENT TO:

Corinne Hanson
4060 Fairmount Ave
San Diego, CA 92105

Telephone: 619-269-1267
Fax: 619-281-6738
Email: chanson@lamaestra.org