

SPONSOR RESPONSE FORM

Saturday, August 23, 2025

Sponsor Information:

Company						
Contact Name						
Address			City		ite	_ Zip
noneEmail						
I want to sponsor at the	e following le	evel:				
Presenting - \$5,000 SOLD			☐ Grade 2 -	\$1,500		
☐ Grade 4 - \$3,500		☐ Bingo Sponsor - \$1,000 SOLD				
☐ Social Hour - \$3,000			☐ Grade 1 - \$500			
☐ Grade 3 - \$2,000						
I would like to purchase	e tickets to tl	he event:				
☐ One Ticket - \$100		X	=			
☐ One Table of Eight - \$800		X	=			
I plan to donate bingo ¡	orize(s) of \$1	00 value	or more:			
Please list those prizes that	t you plan to do	nate:				
Payment Options:						
Fotal Sponsorship \$ Tota		l Tickets \$		TOTAL \$		
Enclosed is my chec	k made payabl	e to DMAC	C Foundation			
☐ Please invoice me. Month to be invoiced						
☐ I will go online to <u>bingo.dmacc.edu</u> to make my payment.						
$oldsymbol{\square}$ I'm unable to attend this year, but want to support DMACC students. Enclosed is my tax-						
deductible donation for	: 🗆 \$500 🗅 \$2	250 🗆 \$10	00 🗆 \$50 🗅	Other \$		

Thanks for your support!

