



Wives of Professional Athletes Casino Night 2006

May 25th at Bistango's Atrium Court, Irvine
Tickets: \$150 ♦ VIP Pass: \$500

For CAPC Use Only:
Form Rcvd: _____
Don. Rcvd: _____
Solicitor: _____

Sponsorship Confirmation Form

COMPANY: _____

CONTACT NAME: _____ TITLE (optional): _____

ADDRESS, CITY, ZIP: _____

DAYTIME PHONE: _____ EMAIL: _____

Royal Flush ♦ \$10,000

Event entry for ten (10) guests ♦ Ten (10) VIP section passes ♦ Complimentary cocktails ♦ 100 casino chips per guest ♦ Recognition on Donor Wall at the Center ♦ Recognition in all press-related materials ♦ Website recognition including logo ♦ Website link from CAPC to company website ♦ Special recognition in the Center's Newsletter (distribution of 10,000) ♦ Podium recognition ♦ Event signage recognition

Flush ♦ \$5,000

Event entry for eight (8) guests ♦ Eight (8) VIP section passes ♦ Complimentary cocktails ♦ 100 casino chips per guest ♦ Recognition on Donor Wall at the Center ♦ Recognition in all press-related materials ♦ Website recognition including logo ♦ Website link from CAPC to company website ♦ Special recognition in the Center's Newsletter (distribution of 10,000) ♦ Podium recognition ♦ Event signage recognition

Full House ♦ \$3,000

Event entry for four (4) guests ♦ Four (4) VIP section passes ♦ Complimentary cocktails ♦ 100 casino chips per guest ♦ Recognition on Donor Wall at the Center ♦ Recognition in all press-related materials ♦ Website recognition including logo ♦ Website link from CAPC to company website ♦ Special recognition in the Center's Newsletter (distribution of 10,000) ♦ Podium recognition ♦ Event signage recognition

One Pair ♦ \$1,000

Event entry for two (2) guests ♦ Two (2) VIP section passes ♦ Complimentary cocktails ♦ 100 casino chips per guest ♦ Recognition on Donor Wall at the Center ♦ Recognition in all press-related materials ♦ Website recognition including logo ♦ Special recognition in the Center's Newsletter (distribution of 10,000) ♦ Podium recognition ♦ Event signage recognition

PAYMENT OPTIONS:

Check enclosed, payable to Child Abuse Prevention Center/WPA, in the amount of \$ _____

Please Charge my Visa MC AMEX for the amount of \$ _____

Card #: _____ Exp: _____ / _____

Please make a copy of this form for your records and mail or fax this original to:

The Child Abuse Prevention Center ♥ 500 S. Main Street ♥ 11th Floor ♥ Orange, CA 92868

FAX: 714.543.4398 CAPC is a 501 (c)(3) Public Benefit Corporation Federal TAX I.D. #33-0013237