



www.dafpb.com

## 18<sup>th</sup> Annual Darrell Armstrong Thanksgiving Meals for the Needy

### November 21, 2017 Sponsorship Pledge Form

Company Name: \_\_\_\_\_  
(Name as you wish it to appear in recognition materials)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Sponsorship Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We will be providing the families with a meal that will include a turkey, bread/rolls, vegetables, dessert and a drink. The cost to sponsor a family of four (4) is \$40.

I would like to sponsor \_\_\_\_ families @ \$40

Enclosed is my check for \$ \_\_\_\_\_

Please charge the below card:

Please Circle one: AMEX VISA MASTERCARD DISCOVER

Authorized Account Holder signature: \_\_\_\_\_ Date: \_\_\_\_\_

Card Number \_\_\_\_\_ Card Expiration: \_\_\_\_\_

CVV Code \_\_\_\_\_ Name as it appears on Card: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Email: \_\_\_\_\_

*Make Checks payable to:*

***Darrell Armstrong Foundation for Premature Babies, Inc.***

***P. O. Box 608833***

***Orlando, FL 32860***

***www.dafpb.com***