



www.dafpb.com

19th Annual Darrell Armstrong Thanksgiving Meals for the Needy

November 20, 2018 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