



29th Annual Roundup for Autism Sponsorship Agreement September 15-17, 2017

- ✦ TABLE OF 10 (\$2,500)
- ✦ TABLE SPONSOR - \$5,000 LEVEL
- ✦ TABLE SPONSOR - \$10,000 LEVEL
- ✦ TABLE SPONSOR - \$15,000 LEVEL
- ✦ TABLE SPONSOR - \$25,000 LEVEL
- ✦ All Table Sponsors receive a table of 10 – premium placement – and special mention in event program

Contributions must be received by August 1, 2017 to meet Roundup for Autism Program printing deadline.

PLEASE PRINT OR TYPE

Name of Company, Firm, or Individual (as it is to appear in printed material):

Individual Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office: (_____) _____ Home: (_____) _____ Email: _____

____ Yes, I would like to be a _____ Table Sponsor I estimate _____ people in our party
(for your planning purposes)

The 10 guests attending at my table are: _____

____ I am mailing a check made out to Roundup for Autism ____ I am registering online at www.roundupforautism.org/tickets.htm

____ No, I cannot participate as a Sponsor; please accept the enclosed donation of \$ _____ for the Roundup for Autism.

SIGNATURE OF SPONSOR OR INDIVIDUAL

If using MasterCard, Visa, American Express or Discover, please provide the following information:

Cardholder's Name

Cardholder's Signature

Credit Card Number

Expiration Date

Card Security Code

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www.atcoftexas.org www.roundupforautism.org
Please make a copy for your records