



## DONATION/ SPONSORSHIP COMMITMENT FORM

Company \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

CORPORATE SPONSORSHIP LEVEL: Amount \$ \_\_\_\_\_

EVENT SPONSORSHIP LEVEL: Amount \$ \_\_\_\_\_

Event: \_\_\_\_\_

PRODUCT DONATION: Valued at \$ \_\_\_\_\_

Product Description: \_\_\_\_\_

SERVICE DONATION: Valued at \$ \_\_\_\_\_

Service Description: \_\_\_\_\_

**PAYMENT OPTIONS:**

Invoice me

Enclosed is a check payable to: The Let It Be Foundation

Charge my credit card for \$ \_\_\_\_\_

Circle one:          MasterCard          VISA          American Express          Discover

Name (as appears on card) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Card Number \_\_\_\_\_ CVCC \_\_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

**TAX ID # 20-4677230**

Received by \_\_\_\_\_ Date \_\_\_\_\_

Please fax or mail the completed commitment form to:

13905 Ramona Ave, Unit J • Chino, CA 91710 • phone 909-613-9161 • fax 909-627-6735 • [www.theletitbefoundation.org](http://www.theletitbefoundation.org)