



Sun City Shadow Hills **POM SQUAD**
SPONSORSHIP/DONOR/PLEDGE FORM

Donor name(s)/Title _____

Company Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

By signing below, I/we are committing to the following donation/pledge to SCSH Pom Squad:

One Time Donation Amount: _____

Sponsorship: _____ Platinum Sponsor _____ Gold Sponsor _____ Silver Sponsor _____ Bronze Sponsor
(Check one) \$2,500.00 \$1,500.00 \$500.00 \$250.00

_____ Friend of the Pom Squad
\$100.00

Notes: _____

PAYMENT INSTRUCTIONS

____ I am fulfilling the entire pledge at this time.

____ I will pay the entire pledge on or before _____ (please send me an invoice two weeks prior).

____ Check enclosed (payable to SCSH Pom Squad)

____ I will pay on-line at www.pom-squad.org/sponsorship

____ Please charge my: _____ Visa _____ MasterCard _____ American Express _____ Discover

Card Number _____ Expires _____ CVV Code _____

____ Other method of payment _____

CONFIRMATION

Signature _____ Date _____

SCSH Pom Squad is a California 501(c)3 Non-Profit Corporation. All donations all tax-deductible for the full amount less the value of any goods and/or services received.

THANK YOU FOR YOUR SUPPORT!