



Cruzin' for Life
P.O. Box 7145 Santa Maria, CA 93456-7145
www.cruzinforlife.net
501 (c)(3) Tax ID #80-0124040
100% Volunteer-Run Organization

To: _____
Business Name: _____
Billing Address: _____
Name of Contact: _____
Contact Phone: _____

SPONSORSHIP LEVEL

- \$25,000 Event Sponsor
- \$10,000 Survivor Sponsor
- \$ 5,000 Cruzin' Sponsor
- \$ 2,500 Classic Car Sponsor
- \$ 1,500 Custom Car Sponsor
- \$ 500 Family Wagon Sponsor
- \$ 250 Hot Rod Sponsor
- \$ 150 Friends of Cruzin' Sponsor
- I am unable to attend but would like make a donation

TOTAL DUE \$ _____

Make all checks payable to: Cruzin' for Life or complete charge slip below

Name: _____
Address: _____
City/ST/Zip: _____
Phone Number: _____

- Cash Check # _____
- Visa M/C AMEX DISCOVER CVV# _____
- CREDIT CARD # _____ EXP. DATE _____

2012 CFL SPONSORSHIP TOTAL AMOUNT PAID: _____

PURCHASER SIGN HERE:

X _____

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Thank you for your support.