



SPONSORSHIP AGREEMENT

SPONSOR COMPANY: _____

CONTACT PERSON: _____ Title _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Please PRINT the name of your company as you wish it to appear on printed materials:

I WOULD LIKE TO PARTICIPATE AT THE FOLLOWING LEVEL:

- | | |
|---|--|
| <input type="checkbox"/> \$3,000 MasterChef Sponsor | <input type="checkbox"/> \$ 250 Gourmet Chef Sponsor |
| <input type="checkbox"/> \$1,000 Iron Chef Sponsor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> \$ 500 Top Chef Sponsor | <input type="checkbox"/> In-Kind _____ |

Signature _____ (Print Name) _____

PAYMENT OPTIONS:

- Please bill me
- Check enclosed payable to Big Brothers Big Sisters
- Charge on credit card: Visa MC Discover American Express

Name on Card: _____

Credit Card #: _____

Expiration Date: _____ Security Code (3 digits – Visa/MC; 4 digits – AMEX): _____

Cardholder Signature: _____

PLEASE RETURN TO:

Big Brothers Big Sisters • 4822 Kemp, Suite 1200 • Wichita Falls, Texas 76308 • Email: wfinfo@bbbstx.org
www.bigtasteoftexoma.com • Fax: 940-692-2227 • Office: 940-767-2447