



Breakfast Gala & Social Experience

SPONSORSHIP or DONATION PAYMENT FORM

April 1, 2020

Name: _____

Company: _____

Address: _____
City State Zip Code

Email: _____

Contact Name: _____

Contact Phone Number: _____

Please list my company as: _____

Please accept our pledge or payment of: \$ _____

Please check the giving level below:

____ \$5,000 – Social Butterfly ____ \$2,500 – Good Neighbor ____ \$1,000 – Supportive Friend

____ \$125 – Gala Ticket (Individual Seat) _____ Other Amount

____ Auction Item Donation _____

Please check your preferred method of payment below:

____ Credit Card (please circle the card type) American Express Visa Mastercard Discover
*3% surcharge for all credit card payments

Name as it appears on the card: _____

Credit Card Account Number: _____

Three/Four Digit Security Code: _____ Expiration Date: _____

____ Check in the amount of: \$ _____

Signature: _____ Date: _____

Please remit this form to:

Crossroads School, Inc. ● 5822 Dolores Street, Houston, Texas 77057 ● PHONE: 713-977-1221 ● FAX: 713-977-0010