



# KNIGHTLIFE 2020 FUNDRAISING PACKET

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## SPONSORSHIP FORM

Type of Sponsorship: \_\_\_\_\_

Employer Match: \_\_\_\_\_

*(My sponsorship will be matched by my employer)*

Enclosed is a check in the amount of \$ \_\_\_\_\_

*(Please make payable to Friends of Rossmoor)*

Please charge \$ \_\_\_\_\_ to my credit card:

\_\_\_\_\_

Credit Card Number

\_\_\_\_\_

Expiration Date

\_\_\_\_\_

Security Code

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Names as you would like them to appear in printed materials or other acknowledgments:

\_\_\_\_\_

\_\_\_\_\_

## 2020 SPONSORS

