



SPONSORSHIP FORM

Sponsoring Company Information:

Company Name: _____

Company Contact: _____

Company Address: _____

Company City: _____ State: _____ Zip: _____

Contact Phone Number: _____ Email Address: _____

Payment Information:

Cash _____ Check _____ Credit Card _____ Other _____

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ CVV: _____ Billing Zip: _____

Donation Amount: _____

** You will be charged a processing fee for credit card transactions*

Select Sponsorship Level:

DIAMOND SPONSOR \$1,500

PLATINUM SPONSOR \$1,000

GOLD SPONSOR \$500

SILVER SPONSOR \$250

IN KIND SPONSOR (Complete Donation Form)

SUBMIT COMPLETED FORM TO:

DPLN – Contra Costa Dental Connection

1150 Civic Dr. Suite 101

Walnut Creek, CA 94596

Email: ccdentalconnection@gmail.com

The Contra Costa Dental Connection is a 501(c) (6) non-profit organization.