



Sponsorship & Auction Donation Form

"Kickin' Childhood Cancer"

Company/ Name: _____

Contact: _____ Type of goods sold: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

E-Mail: _____ Website: _____

Sponsorship Levels

- ☐ Platinum Title Sponsor at \$10,000* (Includes naming rights of a custom jump)
- ☐ Gold Medal Sponsor \$7,500*
- ☐ Silver Medal Sponsor \$5,000*
- ☐ Bronze Medal "Hunter Derby Classic" & Purse (\$1,000) at \$3,500*
- ☐ Trophy Sponsor \$2,500*
- ☐ Landscape Sponsor at \$1,500*
- ☐ Santa's Helper Toy Drive \$1,000* (To buy gifts for the patients)
- ☐ Champion Breakfast/Lunch Sponsor (may be split) at \$1,000*
- ☐ Reserve Sponsor at \$750*
- ☐ Blue Ribbon Sponsor of the Marshall & Sterling Classic at \$500*
- ☐ Comfort Lounge at \$400*
- ☐ Class Sponsor at \$250*
- ☐ Horse Snacker Sponsor at \$200*
- ☐ I would like to make a donation in the amount of _____
- ☐ I would like to make an In-kind/giveaways donation of _____
- ☐ My company participates in Gift Matching _____

☐ I would like to help volunteer on Saturday, October 1, 2016 between 4PM-10PM.

☐ I would like to help volunteer on Sunday, October 2, 2016 between 7AM-5PM.

☐ I will participate as a Vendor I will donate an item for the silent auction

Vendors Need to Show Insurance Certificate

*Please make my Sponsorship in honor or memory of _____



*Santa's Helper**

- ☐ Adopt a Family \$2000
- ☐ Adopt a Family \$1000
- ☐ Adopt a Patient or Sibling \$500

*A separate fundraiser to directly benefit families

Please mail or fax Sponsorship reservation form to:

Red Oak Farm LLC.

"Kickin' Childhood Cancer"

577 Pleasant Plains Road, Stirling, NJ, 07980

Bethie W. Dayton, (908) 507-0653

bethie09@aol.com

Sandra W. Siliato (908) 337-6032

sandrawsiliato@gmail.com

Fax (908) 647-3392

MMCF's Tax identification number is 22-2456079

Auction Donation:

Gift Description: _____

Gift Certificate: _____

Value: _____ Expiration: _____

Make checks payable to MMCF/Valerie Center

Please invoice \$ _____ to the address above or Please charge \$ _____ to my

Credit Card: (Check card) Amex MasterCard Visa Discover

Account # _____ Expires: _____ Code: _____

Signature (required to process credit card or invoice) _____