



DONATION/ SPONSORSHIP COMMITMENT FORM

Company _____

Name _____ Title _____

Address _____ City _____ St _____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

CORPORATE SPONSORSHIP LEVEL: Amount \$ _____

EVENT SPONSORSHIP LEVEL: Amount \$ _____

Event: _____

PRODUCT DONATION: Valued at \$ _____

Product Description: _____

Committee/Board Member: _____

SERVICE DONATION: Valued at \$ _____

Service Description: _____

PAYMENT OPTIONS:

- Invoice me
- Enclosed is a check payable to: **The Let It Be Foundation**
- Charge my credit card for \$ _____

Circle one: MasterCard VISA American Express Discover

Name (as appears on card) _____ Phone (_____) _____

Card Number _____ CVCC _____ Exp Date ____ / ____

Billing Address _____ City _____ St _____ Zip _____

Signature _____

TAX ID # 20-4677230

Received by _____ Date _____

Please fax or mail the completed commitment form to:

14720 Central Ave., Chino, CA 91710 • phone 909-613-9161 • fax 909-627-6735 • www.theletitbefoundation.org