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## 2018 CHAIRS FOR CHARITY

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### SPONSORSHIP PAYMENT FORM

NAME ON CARD: \_\_\_\_\_

CARD TYPE: \_AMEX \_VISA \_MASTERCARD

CARD NUMBER: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_ VERIFICATION CODE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPONSORSHIP LEVEL / TOTAL AMOUNT TO BE CHARGED:

\$175 TEAM SPONSOR

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EMAIL COMPLETED FORM TO [IIDAFLC.PRESIDENT@GMAIL.COM](mailto:IIDAFLC.PRESIDENT@GMAIL.COM)  
PAYMENT AVAILABLE ONLINE AT [IIDAFLC.ORG](http://IIDAFLC.ORG)  
IF PAYING WITH VISA OR MASTERCARD ONLY