



**CARE AND COMPASSION COVID EVENT  
THURSDAY, 10/22/2020 7:00 PM**

**SPONSORSHIP FORM**

<b>BUSINESS NAME:</b>  <b>CONTACT NAME:</b>  <b>DONOR NAME:</b>	<b>Business Phone:</b>  <b>FAX:</b>  <b>Mobile Phone:</b>  <b>Email:</b>
<b>ADDRESS</b>	
<b>Enclosed is my check in the amount of</b>  <b>\$ _____</b> (Please make check payable to Mary Health of the Sick)	<b>Please bill my:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX  <b>Card #</b>
<b>Signature:</b>	<b>Expiration Date:</b>  <b>Security Code (3 digits):</b>

**THANK YOU FOR YOUR GENEROUS CONTRIBUTION**  
**Non-Profit 501(c)3, Federal Tax Identification Number 95-2299398**

*Please mail this form and your Sponsorship check or credit card information to: Mary Health of the Sick, 2929 Theresa Dr., Newbury Park, CA 91320. You may also reserve your sponsorship by faxing form to 805-498-5112 or [development@maryhealth.com](mailto:development@maryhealth.com)*