



2025 Dessert Donation Agreement

Event Date: **Saturday, May 17, 2025 (1pm & 7pm)**

Location: **Crown Center Ballroom**

Business or Individual Name for Printed Materials: _____

Name of Contact: _____

Phone #: _____ Contact Email: _____

Item Donating: _____ # of Items Donating: _____

The Items Will (circle one) Be Delivered or Need to Be Picked-Up

Signature: _____ Date: _____

As a dessert sponsor, you will be listed in the program, receive a mention at both events, and be printed on a sign at the dessert tables in the lobby.

Would you like to purchase tickets to one of the shows?

If so, how many? # _____ 1pm Show and/or # _____ 7pm show

Ticket prices: 1pm show—\$25.00 per ticket OR 2 for \$40.00
7pm show—\$75.00 per ticket OR 2 for \$140.00

Total Payment Amount = \$ _____

Payment Method (please select below):

- Check Enclosed (payable to "Child Advocacy Center")
- Invoice me for ONE total lump sum payment
- Bill Credit Card (complete additional information below)

Credit Card Number: _____ Expiration Date: _____

Billing Address Zip Code: _____ 3-digit Security Code: _____

Signature: _____ Date: _____

*Turn down the mic; turn UP your talent!
Help the Child Advocacy Center give every
child a voice!*

