The Pinwheel Masquerade Ball and Auction

To Unmask Child Abuse

Benefitting the Child Advocacy Center • Saturday, October 21, 2023 • Cape Fear Botanical Garden

Agreement: ____ Platinum $3000 ____ Gold $1500 ____Silver $750 ____ Blue $500

Name as you want it to appear in printed materials

Contact person name and title

Mailing address

City State Zip

Phone Email

Alternate contact name

Phone Email

Signature & title of authorized representative Date

Payment method:

___Check enclosed.

___Invoice me for one payment for total amount OR ___Invoice me for 2 payments, due Aug 1 & Sept. 1, 202

___Bill Credit Card. (Please complete additional information below.)

Please bill my credit card for my chosen level: ____$3,000 ____$1,500 ____$750 ____$500

Credit Card Number: _____

Payment Type: ____Visa ____MasterCard Expiration Date: __ __/__ __ CVV code___

m m / y y

Name on Card: _____

Billing Address : _____

City: _____ State: _____ Zip:_____

Signature: _____

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