



Event Sponsorship Agreement

Sponsor Name: _____

Please print name exactly as you wish to be listed on promotional materials.

Contact Name: _____

Address: _____

Telephone: () Email: Fax: _____

Website (for appropriate sponsorship levels): _____

By providing this information, you agree to have your website linked to the Make-A-Wish Middle Tennessee website, if applicable.

Event Name: _____

Sponsorship Level: _____ Amount: _____

Method of Payment

Check

Please make check payable to:
Make-A-Wish Middle Tennessee
8119 Isabella Lane, Suite 105A
Brentwood, TN 37027

Credit Card

Visa MasterCard Discover American Express

Card number

CSC**

Exp.

Name as it appears on credit card

Signature

**Card Security Code (CSC) is the three or four digit number on the back of card



Auction Donation Form

Event Name: _____

Event Date: _____

Donor Information

Company Name: _____

Please print name exactly as you wish to be listed on promotional materials.

Contact Name: _____

Address: _____

Telephone: () Email: Fax: _____

Item Information

As an auction donor, I am providing the following (please include description):

The fair-market value of the item(s): \$ _____

Please list any conditions associated with your donation (expiration or blackout dates, restrictions, etc.)*

*We respectfully ask for the expiration date to be one year from the date of the event (listed above).

Please check one: Item is enclosed I will deliver or send the item to the Make-A-Wish office

Mail, email or fax this form to:

Make-A-Wish Middle Tennessee

Attn: Beth Torres

8119 Isabella Lane | Suite 105A | Brentwood, TN 37027

Ph: 615.221.2200 x. 110 | Fax: 615.221.2233 | btorres@middletennessee.wish.org