

SPONSOR COMMITMENT FORM

Company Information

Company or organization name (as you like it to appear in print)

Contact Person's Name

Street Address

City

State

Zip

Phone

Fax

Email

Commitment Level

Zanni | \$20,000

Baute | \$10,000

Medico della Peste | \$7,500

Volto | \$5,000

Pantalane | \$2,500

Alecchino Individual Ticket(s) | \$200

I/we would like to purchase #_____ individual tickets.

I/we are unable to attend but wish to donate \$_____.

Please accept our tax-deductible contribution.

Method of Payment

Check enclosed (payable to the AIDS Outreach Center)

Charge the follow credit card: Visa MC AMEX Discover

Credit Card Number

Exp. Date

Name on Card

Signature

Security Code

Please return this form and payment to:

AIDS Outreach Center

400 North Beach Street, Fort Worth, Texas 76111