

HIGH-FIVE BENEFACTOR APPLICATION

PRINT or TYPE

Sponsor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

e-mail _____ website _____

Contact person: _____ Work #: _____

Home #: _____ Fax #: _____

(check your selection)

Benefactor's Donation Program

BRONZE BENEFACTOR \$1000.00

SILVER BENEFACTOR \$2000.00

GOLD BENEFACTOR \$3000.00

PLATINUM BENEFACTOR \$4000.00

DIAMOND BENEFACTORS \$5000.00

All funds go to pay for player related expenses and for the High Five Basketball Awareness Program. All administrative personnel, coaches, and B-Ball Buddies are volunteers and receive no remuneration.

Amount paid: _____ Check #: _____ (Checks payable to: High-Five Basketball)

Date sent: _____ Date received: _____

Signature: _____

Mail to: High-5 Basketball, C/o Sponsorships, P.O. Box 6068, Boca Raton, FL 33427

Inquiries: Call 561-395-7372 ext. 103

****ALL FEES ARE TAX DEDUCTIBLE****