2018 "STITCHED" FASHION SHOW

SPONSORSHIP PAYMENT FORM

NAME ON CARD: ________________________________

CARD TYPE: _AMEX  _VISA  _MASTERCARD

CARD NUMBER: ________________________________

EXP. DATE: ____________  VERIFICATION CODE: ______

COMPANY: ________________________________

BILLING ADDRESS: ________________________________

________________________________________________________________________

SIGNATURE: ____________________________  DATE: ________

SPONSORSHIP LEVEL / TOTAL AMOUNT TO BE CHARGED:

_ $500 TEAM SPONSOR

_ $250 SPLIT TEAM SPONSOR

$45 MEMBER TICKET __ QTY. = TOTAL $ __

$60 NON-MEMBER TICKET __ QTY. = TOTAL $ __

_ $___ OTHER

COMMENTS:

EMAIL COMPLETED FORM TO IIDAFLC.PRESIDENT@GMAIL.COM
PAYMENT AVAILABLE ONLINE AT IIDAFLC.ORG
IF PAYING WITH VISA OR MASTERCARD ONLY