



SPONSORSHIP FORM
Santa's Workshop
Camp Get-A-Well-A at
Gillette Children's Specialty Healthcare
December 14, 2011

YOUR CONTACT INFORMATION

Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Organization information as you would like it to appear if applicable, in any printed materials:

Same as above

If different, please complete:

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Web site: _____ Phone: _____

YOUR SPONSORSHIP INFORMATION

\$5000 Title Sponsor \$2500 \$1250 & under

In-Kind Donation

Describe item _____ Item Value _____

YOUR PAYMENT INFORMATION

Check Enclosed Visa MasterCard American Express

Card Number: _____

Name: _____ Expiration Date: _____ Code _____

Billing Address _____ City _____ ST _____ Zip _____

Please email registration form to: jolanne@campgetawella.org

or mail form to Camp Get-A-Well-A, PO Box 18125, Minneapolis MN 55418
(if you mail you form, please email jolanne@campgetawella.org to notify it is coming)

Contact JoLanne Hanson for more information at 612-251-0336 or jolanne@campgetawella.org