



Sponsor Payment Form

Sponsor Level:	Payment Amount:
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Email:	Phone Number:
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First Name:	Last Name
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Street Address:

City:

State:	Zip:
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<input type="checkbox"/> I will pay with PayPal (click Red Donate Here button)	<input type="checkbox"/> I will mail payment (See below)
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Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Payment Information: My check to Grand Foundation is enclosed Charge to my Visa/MC

Credit Card No. _____ Exp. Date _____

Name on Card _____ CVV Code _____

Signature _____