



VR 4 KIDS PROGRAM

Sponsorship Form

Contact Information

Print Full Name: _____

Company/Organization (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donation Information

This is my first contribution to Maggie's Wigs 4 Kids of Michigan

\$400 \$800 \$1,200 Other amount \$ _____ (\$400 per child)

Payment Information

Check # _____ (payable to: *Maggie's Wigs 4 Kids of Michigan, Inc.*)

Cash

Credit Card (please charge my card listed below)

Name on Card (please print): _____

Billing Address: _____

Card Number _____ Exp Date: _____ 3-digit (CVV) _____

Signature: _____

Where to Send

Maggie's Wigs 4 Kids of Michigan, Inc.
30130 Harper Ave.
St. Clair Shores, MI 48082

Phone: 586-772-6656 Fax: 586-772-6674
Email: maggie@wigs4kids.org
Website: www.wigs4kids.org

Thank you for your generosity and support!

Internal Use Only: Processed Sales Receipt Record in Excel Sent Acknowledgment