



JARED MICHAEL'S TOURNAMENT DONOR FORM

CONTACT NAME:

COMPANY:

BILLING ADDRESS:

CITY/ST/ZIP:

TELEPHONE:

FAX:

E-MAIL

I WOULD LIKE TO (PLEASE CHECK ALL THAT APPLY):

SPONSOR A COURT (SEE ENCLOSED BROCHURE FOR DETAILS)

I WOULD LIKE MY SPONSORSHIP LISTED AS:

SPONSOR A TABLE (SEATS 10) \$500

SPONSOR A RAFFLE PACKAGE \$250

PLAY IN TOURNAMENT \$65 (SEE ENCLOSED BROCHURE FOR DETAILS)

PURCHASE TICKETS: QTY. X \$50 = \$

CHECK ENCLOSED: AMOUNT \$

PLEASE CHARGE MY: VISA MASTERCARD AMERICAN EXPRESS \$

CARD NUMBER:

EXP. DATE:

CSV:

PLEASE COMPLETE AND MAIL TO:

ANY BABY CAN

ATTN: JMT

217 HOWARD ST.

SAN ANTONIO, TX 78212

FAX: (210) 227-0812

IF YOU HAVE ANY QUESTIONS, PLEASE CALL SUSAN ABELOW 210.846.4922 OR KAY MAYNARD 210.547.3019