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Sponsorship Registration

Please select from the sponsorship opportunities:

- Granddaddy Bear: \$50,000 Paddington Bear: \$6,000
 Grandmama Bear: \$30,000 Barringer Bear: \$3,000
 Pooh Bear: \$15,000 Single Tickets: \$__ x \$200
 Please accept my donation \$_____

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____ Fax: _____

Payment:

Please invoice me

Please charge to the following credit card: MC VISA AMEX (circle one)

Card #: _____

Expiration Date: _____

Is this a corporate credit card? Yes No (circle one)

I authorize Duke Children's to charge \$_____ to my credit card.

Enclosed is a personal/corporate check made out to:
Duke Children's Hospital & Health Center

Signature

Duke Children's Hospital & Health Center
512 S. Mangum Street, Ste. 400
Durham, NC 27701
Phone: (919) 667-2562 Fax: (919) 667-0309
Duke Children's Tax ID: 56-0532129