



TrinityKids Care

# SPONSOR COMMITMENT FORM

*Please Submit by August 20 to be included in the event invitation.*

I am pleased to support Layla Paige's Nature Walk for TrinityKids Care at the following level:

- \$20,000 Presenting/Orchid Sponsor
- \$15,000 Lily Sponsor
- \$10,000 Rose Sponsor
- \$ 5,000 Hibiscus Sponsor
- \$3,000 Plumeria Sponsor

I am unable to sponsor **Layla Paige's Nature Walk for TrinityKids Care**  
Please accept my tax-deductible donation of \$ \_\_\_\_\_

## SPONSOR INFORMATION:

\_\_\_\_\_  
Sponsor Name / Company (as you wish to be recognized)

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address | City | State | Zip

## METHOD OF PAYMENT (check one):

- Enclosed is my check for \$ \_\_\_\_\_ payable to Providence TrinityCare Foundation
- Please charge \$ \_\_\_\_\_ to my  Visa  MC  AmEx  Disc

\_\_\_\_\_  
Card #

\_\_\_\_\_  
Exp.

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Address | City | State | Zip

**GUEST NAMES:** *\*If to be determined, please provide names to the Foundation by **October 5, 2020.***

## PLEASE RETURN THIS FORM TO:

**Providence TrinityCare Foundation**

**5315 Torrance Blvd., Suite B-1 | Torrance | CA 90503**

**(310) 543-3440 office | (310) 543-3461 fax | [Stephanie.turner2@providence.org](mailto:Stephanie.turner2@providence.org) email**

*Providence TrinityCare Foundation is a 501(c)(3) non-profit organization. Tax ID #33-0261016*