



**CARE
FOUNDATION**
SUPPORTING ALL
CAPISTRANO UNIFIED
STUDENTS

Sponsor Payment Form

SPONSORSHIP LEVELS:

- | | |
|---|---|
| <input type="checkbox"/> \$50,000 + — REGAL | <input type="checkbox"/> \$3,000 — HONORARY |
| <input type="checkbox"/> \$25,000 — DIGNITARY | <input type="checkbox"/> \$1,000 — BENEVOLENT |
| <input type="checkbox"/> \$10,000 — LUMINARY | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$5,000 — VISIONARY | |

PAYMENT INFO

- Check enclosed, payable to *CUSD Foundation* VISA/MC/AMEX - please enter CC info below
- My company provides matching funds.

Name on Card _____

Card # _____

Exp. _____ CVC / CVV _____

Address _____

City, State, Zip _____

Tel: _____

E-mail: _____

Return Form to:

***CARE Foundation • 31878 Del Obispo St. #118-475, San Juan Capistrano, CA 92675
Phone (949) 234-9570 • Fax (949) 248-7920 • www.cusdfoundation.org***

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