



10th Annual Walkabout for Autism

Sponsorship Form Contributor Information

** Complete this form and return it to the Brent Woodall Foundation. Please keep a copy for your own records.*

**All required-- your personal information will be kept confidential. If applicable, please send a high-resolution file of your company's logo to Brittany Whitten at brittany@woodallkids.org.*

Name: _____
 Company: _____
 Phone number: _____
 Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Donation
 I would like to sponsor the 10th Annual Walkabout for Autism in the amount of:
 \$1,000 \$500 \$300 \$200 \$100 \$50 Other: _____

I would like to pledge a donation of \$_____ to the Brent Woodall Foundation amounting to a total of \$_____ to be paid
 Monthly _____ Quarterly _____ Annually _____

Check here if you would like your donation to be kept confidential.

Please indicate if you would prefer your donation go towards a specific item or activity at the Walkabout.

Does your employer match donations? YES / NO
 * Please enclose a signed Matching Donation Form from your employer if applicable.

Method of Payment

* You may also complete payment online at <https://www.crowdrise.com/10thwalkabout>

Send checks payable to :

**Brent Woodall Foundation at
 3021 Gateway Drive, STE 295,
 Irving, TX 75063**

Name(s): _____

Payment Total _____ Cash _____ Check _____ Credit Card _____

Please charge \$_____ to Visa / MasterCard / American Express / Discover

Credit card #: _____

Exp. date: _____ / _____ Sec. code: _____ Billing Zip Code: _____

Cardholder signature: _____