

HOMELESS HEALTH CARE LOS ANGELES

PLATO DE ORO SPONSORSHIP FORM

Name:	
Company:	
Address:	
Phone:	
Email:	
Sponsor level:	<input type="checkbox"/> Game Changer (\$25,000) <input type="checkbox"/> Change Maker (\$10,000) <input type="checkbox"/> Action Taker (\$5,000) <input type="checkbox"/> True Believer
(\$2,500) ENCLOSED IS A CHECK IN THE AMOUNT OF: \$ _____ MADE PAYABLE TO HHCLA	
PLEASE BILL: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS	
IN THE AMOUNT OF: \$ _____ Act: _____	
SIGNATURE: _____ EXP. DATE: _____ / _____ CW: _____	

Please return form to:

Email: development@hhcla.org

Fax: 213.739.1617

Mailing Address:

HHCLA c/o Development

2330 Beverly Blvd., Los Angeles, CA 90057