

CHALLENGE Enterprises

OF NORTH FLORIDA, INC.

Celebrating

39 years

National Disability Employment
Awareness Month

Sponsorship / Reservation Details

Contact: _____
Company Name: _____
Address: _____
Phone: (____) _____ E-mail: _____

Reservations / Sponsorship Level: Please check the appropriate box and indicate number of individual reservations, if any. If you would like to donate an amount not listed, please write amount on the "Special Contribution" line.

Spirit Sponsor

\$2,500

Gold Sponsor

\$1,500

Silver Sponsor

\$1,000

Bronze Sponsor

\$500

Table of 8

\$400

Individual

\$50/each

if individual, how many? _____

Special Contribution _____

Method of Payment:

Bill Me

Check Enclosed

Credit Card

Name on Credit Card: _____

Type: Visa Mastercard American Express Discover

Card Number: _____

Expiration Date: _____

Address: _____

Mail, E-mail or Fax
completed form to:

Challenge Enterprises
P.O. Box 1248
Green Cove Springs, FL 32043
Fax: (904) 284-9497
e-mail: reception@
challengeenterprises.org

Please list any accommodations needed: _____

*Your support
& attendance
is appreciated!*