



TRAUMA  
INTERVENTION  
PROGRAM  
(TIP) OF SOUTHERN NEVADA, INC.



## 2020 Sponsorship Commitment Form

### Donor Information

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Sponsorship Level

☐ Executive Sponsor (\$10,000) | ☐ Hero Sponsor (\$5,000)

☐ Compassion Sponsor (\$2,500) | ☐ Table Sponsor (\$1,000)

☐ TIP Partner (\$500) | ☐ Friend of TIP (\$250)

### Payment Information

Payment Type: ☐ Check ☐ Credit Card ☐ Cash

Name on Card: \_\_\_\_\_ Total to be charged: \$\_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address *(Leave Blank if Same as Above):*

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form and submit to:**

Trauma Intervention Program

500 N. Casino Center Blvd.

Las Vegas, NV 89101

Email: [heroes@tipoflasvegas.org](mailto:heroes@tipoflasvegas.org)

**Please submit all sponsorship intentions by May 8, 2020.  
Checks can be made payable to Trauma Intervention Program.**

*Your contribution may qualify as a federally recognized tax deduction; this form may be used as your receipt for tax purposes. Tax ID: 26-2603806.*