



Table Sponsor Form

As a **Lone Star Ride Casino Night Table Sponsor**, you are entitled to all of the benefits listed on the enclosed information card.

Contact Information:

Contact Person

Company Name

Address

City

ST

Zip

Daytime Telephone

FAX

Cell Phone

Email (This will be primary contact method for this event.)

For Information contact:
Arlen Miller: 214.532.7094
amiller@lonestarride.org

Sponsor Listing Information I prefer to make my sponsorship anonymous I prefer to make my sponsorship in honor/memory of someone else.

List Sponsor/Honoree Name Exactly as it should appear in print:
Sponsored by: _____

In honor/memory of: _____

I will be submitting artwork for my company logo to be used on my table sign. Please prepare an all type sign on my behalf.
(Deadline for logo submission is July 10, 2009)

Please select where this sponsorship name may be used:

- I elect to be listed on all LSR Casino Night printed and marketing materials available to my sponsorship level. My sponsorship listing may also be used in press releases and marketing information produced by Lone Star Ride Fighting AIDS that may result in extra publicity.
- I elect to be listed on the table sign and event banners **ONLY**.
- I elect for my sponsorship **NOT** to be listed on any material produced in conjunction with Lone Star Ride Casino Night.

I agree to a Lone Star Ride Casino Night table sponsorship at the following level:

- \$750 High Roller Hideaway**
- \$500 Evening in Vegas**
- \$250 Riverboat Gambler**

Payment Information

I am unable to sponsor, but would like to donate \$ _____ to the Lone Star Ride Fighting AIDS

My payment is: Included Will be paid by _____

Payment Information and Terms: Payment in full by check or by credit card is requested with your signed Table Sponsor Form. All Payments must be received by July 15, 2009. Make checks payable to Lone Star Ride Fighting AIDS.

Credit Card Information:

- Visa
- Master Card
- AMEX
- Discover

Credit Card Number

Exp. Date

Name as it appears on card

Billing Address, City, State, Zip

Amount of Charge

MAIL OR FAX COMPLETED AGREEMENT TO:

Lone Star Ride Fighting AIDS
Attn: Arlen Miller
P.O. Box 190537
Dallas, TX 75219 -0537
Phone: 214.532.7094 FAX: 214.522.4604
email: amiller@lonestarride.org

I agree to the charges indicated above to be charged to my account by the Lone Star Ride Fighting AIDS for the Casino Night. Refunds cannot be made after a sponsorship has been charged. Please check all information carefully.

Sponsor Signature