



Children's Dental Health Association's Glenn Thacher Memorial 45th Annual Day at the Races
Friday, August 24th, 2018

Sponsorships & Donor Opportunities

Sponsorships

____ \$10,000 "TRIPLE CROWN" ____ \$5,000 "TRIFECTA" ____ \$2,500 "WIN" ____ \$1,000 "PLACE" ____ \$500 "SHOW"

Donations

____ \$500 "Sponsor a Smile" for 10 children in need ____ Other Donation Amount

Auction Donation (Description and value of item)

Value: \$ _____

Donation is: ____ Gift Certificates ____ Merchandise ____ Other

Contact Information (Company or person to be acknowledged in print)

Name _____

Contact Person _____

Mailing Address _____ Email _____

Telephone _____ Fax _____

Amount: \$ _____ ____ Check ____ Visa ____ MasterCard

Make checks payable to: **Children's Dental Health Association**

Credit Card # _____ Exp. Date _____ CVV Code: _____

Authorized Signature _____ Print Name _____

- I am unable to sponsor Day at the Races, but wish to support the "Sponsor a Smile" program with the following donation:
- \$60 per child x _____ children = \$ _____ Or other amount = \$ _____
- The "Sponsor a Smile" program sponsors the dental exams, cleanings, and treatment for underserved children.
- I am unable to Sponsor, but would like to purchase _____ tickets at \$75 each.

Sponsorships and donations are tax deductible. **Tax ID #95-2545484**

Please complete form and retain a copy for your records.

Mail original to: CDHA 1270 24th Street, San Diego, CA 92102 or fax to (619) 291-9755.

If you need any additional information, please contact
Missy or Robert Chakarian at (619) 297-4700
www.childrensdentalhealth.org

**"Every child deserves a healthy
smile"**
45th Annual Day at the Races

Please accept our sincerest thanks for your generous support!

