



## INDIVIDUAL SPONSORSHIP FORM

Each player is encouraged to seek sponsorships in support of Kin On Community Health Care. All donations are tax deductible (Tax ID: 91-1286273). Gift receipts will be mailed to donors who provide contact information. Please complete and submit this form along with money collected on your event date. If you have more sponsors than space available, feel free to make copies of this form. Thank you!

**Solicitor's Name:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

Donor Name	Contact Info	Address	Amount
1	Phone: Email:		\$
2	Phone: Email:		\$
3	Phone: Email:		\$
4	Phone: Email:		\$
5	Phone: Email:		\$
6	Phone: Email:		\$
7	Phone: Email:		\$
8	Phone: Email:		\$
9	Phone: Email:		\$
10	Phone: Email:		\$
11	Phone: Email:		\$
12	Phone: Email:		\$
13	Phone: Email:		\$
14	Phone: Email:		\$
15	Phone: Email:		\$
<b>TOTAL</b>			\$

*Thank you for partnering with us to support Kin On in serving the Asian elderly community!  
 For more information about Kin On, please visit [www.kinon.org](http://www.kinon.org)*