



SPONSOR FORM

ENCHANTED FOREST MASQUERADE GALA SUPPORTING ABIGAIL'S PLACE

Please check one: Business Individual

Name: _____

For advertising/print, please list as: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Name: _____

Phone Number: Cell _____ Work: _____

Email Address: _____

Please select from the following:

- \$10,000 THE TREE OF LIFE Sponsor — Exclusive Opportunity
- \$5,000 ENCHANTED Sponsor
- \$2,500 MOONLIT GROVE Sponsor
- \$1,250 WISHING TREE Sponsor
- \$750 BLOOM Sponsor
- \$500 FOREST LIGHT Sponsor
- \$250 DEW DROP Sponsor

Sponsorship Total: \$ _____ Donation Total: \$ _____

Additional Tickets (\$150 Each): _____ Grand Total: \$ _____

Check Enclosed Charge Credit Card

CREDIT CARD INFORMATION

Name on Card: _____

Credit Card Number: _____

Billing Address: _____

City: _____ State: _____ ZIP Code: _____

CVV Number: _____ Expiration Date (MM/YYYY): _____

Authorized Signature: _____

Date: _____

YOU MAY ALSO SUBMIT FORM AT ABIGAILSPLACE.ORG

MAIL FORM TO:

Abigail's Place
503 FM 359
Suite 130, #200
Richmond, TX 77406

HAVE QUESTIONS?

Dr. Dawid J. Pieterse
dawid@abigailsplace.org

Please note that we use PayPal for credit card processing.
Please provide logo and company details for print materials no later than September 3rd 2025.
To expedite your check-in process at the event, please submit names of attendees no later than September 3rd 2025.