

POWER *of the* PURSE

POWER TO HELP. POWER TO HEAL.

Please submit completed form and additional documentation to Turning Pointe:
Gina Finley - executivedirector@turningpointe.org - (360) 426-1216

SPONSOR NAME: _____

Contact Information:

Contact Name: _____

Phone Number: _____ E-mail: _____

Street Address: _____ City, State, Zip: _____

Sponsorship Level (choose one):

Louis V. (\$5000+):

Chanel (\$2500+):

Gucci (\$1000+):

Coach (\$500+):

PAYMENT INFORMATION

Check Enclosed:

Credit Card:

Send Invoice:

Credit Card Number: _____

Credit Card Type: _____ Expiration Date: _____

Security Code: _____

Total Donation: \$ _____

Signature: _____ Date: _____

Please make checks payable to:
Turning Pointe Survivor Advocacy Center - PO Box 2014, Shelton, WA 98584