



**Optometry's Got Talent Sponsorship Form**

Wednesday, June 16, 2010  
 8:30 p.m. - 12:00 a.m.  
 Osceola Ballroom AB, Gaylord Palms® Hotel and Convention Center

**Contact Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Name to appear on all publicity items:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax :** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Web site:** \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Grand Finale \$10,000</b> | <input type="checkbox"/> <b>Going Once, Twice, Sold \$2,500</b>   |
| <input type="checkbox"/> <b>High Roller \$7,500</b>   | <input type="checkbox"/> <b>In the Spotlight \$1,000</b>          |
| <input type="checkbox"/> <b>Paparazzi \$5,000</b>     | <input type="checkbox"/> <b>Supporting Role - Variable Amount</b> |

**Guest Information**

Guest 1 _____	Guest 6 _____
Guest 2 _____	Guest 7 _____
Guest 3 _____	Guest 8 _____
Guest 4 _____	Guest 9 _____
Guest 5 _____	Guest 10 _____

- Check enclosed (payable to: Optometry's Charity™)  
 Will commit to above sponsorship, must receive an invoice before payment  
 Charge To:  Visa  MasterCard  AmEX

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card No: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Charge Amount: \_\_\_\_\_

All sponsor donations must be received before March 1, 2010 for proper recognition. Please complete and return this form prior to **March 1, 2010** to:

**Optometry's Charity™ - The AOA Foundation**  
 243 North Lindbergh Blvd. – Floor 1, St. Louis, MO 63141  
 Toll Free: (800) 365-2219 ext. 4200 ♦ FAX: (314) 991-4101 ♦ E-mail: [snbreed@aoa.org](mailto:snbreed@aoa.org)  
[www.optometryscharity.org](http://www.optometryscharity.org)