

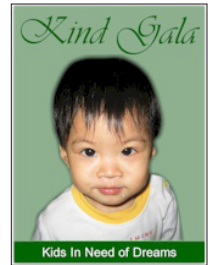


Kind Gala

Kids In Need of Dreams

SPONSORSHIP AGREEMENT FORM

Please return by May 1, 2007



SPONSOR INFORMATION

Company/Donor Name: _____
(As you would like to be listed in the program)

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

YES! I would like to attend *Kind Gala*

Enclosed is my sponsorship of:

- \$20,000 Presenting Level
- \$10,000 Platinum Level
- \$5,000 Gold Level
- \$3,000 Silver Level
- \$1,500 Friendship Level
- \$_____ Individual (\$125 per person)

Each sponsorship level includes 10 tickets to Kind Gala. Please send in your guest list by May 31, 2007.

I would like to support **Kind Gala**, but I cannot attend: \$_____

Payment method:

- Check (Make check payable to VNHELP. Please include Memo: Kind Gala)
- Visa
- Master Card
- American Express

If paying by credit card, please provide your credit card information:

Card number: _____

Security Code: _____ Expiration date: _____

Signature: _____ Date Signed: _____

Thank you for your support!

Please keep a photocopy for your records and return this agreement to:
VNHELP
P.O. BOX 51780
San Jose, CA 95151

For more information, contact VNHELP at (408) 885-1791, or info@vnhelp.org

Your donation is tax-deductible as permitted by law. VNHELP is classified as 501 (c)(3) by the Internal Revenue Service.
VNHELP Non profit ID #94-3169584