

Zeta Beta Tau Fraternity
Case Western Reserve University
“Get on the Ball” 2006
Application for Donation



**University Hospitals
Health System**



Name of Sponsor _____

Form of Donation: ___ One-Time Donation (A)
(please check one) ___ Advertisement (B)
___ Donation per Signature (C)

A) One-time Donation Amount: \$ _____

B) Advertisement Options (mark all that apply):

- ___ On the back of the shirts - \$25
___ On the ball (8.5 x 11) - \$50
___ On the ball (17 x 22) - \$100

Please email your logo to one of the contacts below.

C) Donation per Signature: \$ _____
(minimum of 5 cents per signature)
(please choose in increments of 5 cents)

Name of Contact: _____

Phone Number: _____

Address: _____

Email: _____

Thank you again for your donation and support of this event!

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