



CORPORATE REGISTRATION FORM

Company Name: _____

Contact Person: Mr./Mrs. _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

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SPONSORSHIP LEVEL

Skill Saw \$10,000 Tool Belt \$7,000 Hammer \$2,500 Ten Penny Nails \$1,500

Yes, we pledge to support the John B. "Bertie" Cruz, Jr. Scholarship Endowment Gala with a _____ Sponsorship.

Half Page Ad \$300 Full Page Ad \$600

Yes, we pledge to support the John B. "Bertie" Cruz, Jr. Scholarship Endowment Gala with a _____ Advertisement.

We are not able to attend but would like to donate \$_____ to help support the John B. "Bertie" Cruz, Jr. Scholarship Endowment Gala.

Please mail or fax this form to: CRUZ CARES c/o Cruz Management Office

434 Massachusetts Avenue, Ste 300, Boston, MA 02118

Fax: (617) 236-7182

Your donation may be tax deductible. Payments must be received within 30 days of your pledge.

Thank you for your support!

PAYMENT INFORMATION

Please make checks payable to: **John Bertie Cruz, Jr. Scholarship/BSC Foundation**

To pay by credit card, complete this section:

Please check one: MasterCard Visa American Express

Card # _____ Exp. Date: _____

Name as it Appears on the Card: _____

Signature: _____

For an invoice or additional information, please contact us at (617) 236-7180 or

email: gala@cruzcompanies.com.