



# Sponsorship Form

Benefiting:

Blue Cares SAPOA Outreach (EIN 74-2511348)

Saturday, September 12, 2026 Crown  
Ridge Event Center  
6909 Camp Bullis Rd, San Antonio, TX

## Sponsor Information

Name \_\_\_\_\_

Company \_\_\_\_\_

Billing address \_\_\_\_\_

City, ST Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

## Sponsorship Level

Yes, I (we) would like to Sponsor at the following level:

- Hospitality Sponsorship – \$5,000 (Limit of 1)       Lunch Sponsorship – \$5,000 (Limit 1)
- Poker Team Sponsorship – \$2,000 (Limit of 10)       Title Sponsor – \$10,000 (Limit 1)

## Payment Information

Credit Card/Check:  Visa  MasterCard  AMEX  Discover  Check (payable to Blue Cares)

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

\_\_\_\_\_  
Cardholder/Sponsor Signature

\_\_\_\_\_  
Date

This completed sponsorship form should be sent to [Jessica.garcia@sapoa.org](mailto:Jessica.garcia@sapoa.org) no later than August 17, 2026. Please call (210) 490-2554 with any questions.

**THANK YOU FOR YOUR SUPPORT!**