



Las Vegas Silver Dollar Circuit

SPONSORSHIP COMMITMENT

Commitment Level: _____

Amount: _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

Special notes regarding your sponsorship? _____

Please indicate **exactly** how you would like your sponsorship listed: _____

Payment Enclosed *(please make checks payable to Las Vegas Silver Dollar Circuit)*

Please Bill To: Name _____
Street Address _____
City _____ State _____ Zip _____

Payment by Charge Card

Type of Card VISA___ MASTERCARD___ DISCOVER___ AMEX___ Amount of sponsorship \$ _____

Number on card _____

Expiration date _____ V Code (3 digits, back of card) _____

Name as it appears on front of card _____

Billing address for card _____

_____ Zip _____

Signature of cardholder _____ Date _____

Total to be charged \$ _____

For more information and to mail in sponsorship, please contact

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www.silverdollarcircuit.com
email: jan@silverdollarcircuit.com or lindsay@silverdollarcircuit.com