



# SANDCASTLE CLINICAL AND EDUCATIONAL SERVICES

## Registration and Donation Form

**Sandcastle's Annual Fundraising Evening.** The Event will be held March 13, 2010 at Martindale Country Club in Auburn. This year's event will feature a silent and live auction, buffet dinner, and entertainment by TWO: High Energy Juggling & Physical Comedy. We will also be drawing the winner of our Bermuda Cruise Raffle. Proceeds will benefit Sandcastle Clinical and Educational Services.

**YES, I/we plan to attend:**

Please reserve \_\_\_\_ ticket(s) at \$40.00 each.

**YES, I/we would like to make an additional cash donation in support of Sandcastle Clinical and Educational Services:**

Included in my check or credit card payment is my/our gift for \$\_\_\_\_\_.

This is a joint gift. Spouse/Partner name: \_\_\_\_\_

**YES, I/we would like to donate an item for the Silent or Live Auction.**

Please describe the item you are donating (be as descriptive as possible): \_\_\_\_\_

Approximate retail value: \$\_\_\_\_\_.

**YES, I/we would like to sponsor Sandcastle's Fundraising Event:**

Supporter \$200

Sponsor \$500

Underwriter \$1,000

**Purchaser/donor information:**

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  Home  Business

City/State/Zip: \_\_\_\_\_

Daytime: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

Fax: \_\_\_\_\_  Home  Business

E-mail: \_\_\_\_\_  Home  Business

**Method of payment:**

Check: PLEASE MAKE CHECK PAYABLE TO **SANDCASTLE CLINICAL AND EDUCATIONAL SERVICES**

Credit card (check one): VISA\_\_ Mastercard\_\_ Discover\_\_

Name as it appears on card (please print) \_\_\_\_\_

Credit card number \_\_\_\_\_

Total amount to be charged \_\_\_\_\_

**PLEASE FAX credit card payment to: (207) 782-3621**

**Or MAIL this form and your check to:**

**Sandcastle Clinical and Educational Services  
144 Howe Street  
Lewiston, ME 04240**

*Thank you for your support*