



TRAUMA
INTERVENTION
PROGRAM
(TIP) OF SOUTHERN NEVADA, INC.

30 Year Celebration Sponsorship Commitment Form

Donor Information

Name: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

Sponsorship Level

Executive Sponsor (\$5,000)

Compassion Sponsor (\$3,000) | Table Sponsor (\$1,750)

TIP Partner (\$800) | Friend of TIP (\$500)

Payment Information

Payment Type: Check Credit Card Cash

Name on Card: _____ Total to be charged: \$_____

Card Number: _____ Expiration: _____ Security Code: _____

Billing Address (*Leave Blank if Same as Above*):

Signature: _____ Date: _____

Please complete this form and submit to:

Trauma Intervention Program

500 N. Casino Center Blvd.

Las Vegas, NV 89101

Email: heroes@tipoflasvegas.org

**Please submit all sponsorship intentions by October 4, 2024.
Checks can be made payable to Trauma Intervention Program.**

Your contribution may qualify as a federally recognized tax deduction; this form may be used as your receipt for tax purposes. Tax ID: 26-2603806.