



Sponsorship Agreement

Lone Star
Circle of Care

Contact Name

Company/Organization (Print Listing)

Address

City State Zip

Phone Email

Payment Options:

- Check payable to **Lone Star Circle of Care**
- Please charge credit card
- Yes! I would like to cover transaction fees.

CC# Exp CVV

Signature Date

Please mail completed form to

Texas Mamma Jamma Ride
c/o Lone Star Circle of Care
205 East University Avenue, Suite 200
Georgetown, TX 78626

or by scan to

rohill@lscctx.org

My organization would like to support the 2024 Texas Mamma Jamma Ride at the following level:

- Presenting \$50,000 Platinum \$25,000 Gold \$10,000
- Silver \$5,000 Bronze \$3,000 Steel \$1,500
- Other: _____

Additionally, my organization would like to provide:

- In-Kind Product Volunteers
- In-Kind Service Team
- Special Event

Contact Rob Hill, Ride Director, to discuss sponsor benefits or for additional information regarding special event and in-kind support opportunities at rohill@lscctx.org or 512-796-0448.