



**GOOD SAMARITAN
PROJECT**



2018 FLAVOR! Sponsorship Invoice

ORGANIZATION	
CONTACT	
TITLE	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
FAX	
EMAIL	

<i>Please make checks payable to Good Samaritan Project</i>	
Enclosed is our tax-deductible check in the amount of:	<input type="checkbox"/> \$10,000 - Platinum Sponsor
	<input type="checkbox"/> \$5,000 - Gold Sponsor
	<input type="checkbox"/> \$2,500 - Silver Sponsor
	<input type="checkbox"/> \$1,000 - Bronze Sponsor

Credit Card Payment			
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card Number: _____		Exp Date: _____	
Cardholder's Name: _____		Amount: \$ _____	
Cardholder's Signature: _____			

GOOD SAMARITAN PROJECT IS A NONPROFIT, TAX-EXEMPT 501(C)(3) CORPORATION

TAX IDENTIFICATION NUMBER: 43-1343144

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