

# REGISTRATION FORM



FROM EVERYONE WHO  
HAS BEEN GIVEN  
MUCH, MUCH WILL  
BE DEMANDED; AND  
FROM THE ONE WHO  
HAS BEEN ENTRUSTED  
WITH MUCH, MUCH  
MORE WILL BE ASKED.

LUKE 12:48

Friends,

We hope that you will prayerfully consider supporting our Hudson Family Foundation this year. If you have supported us in the past, our hearts are full of gratitude, and we appreciate your continued support. If this is your first time considering supporting our mission, thank you, and welcome to the team.

Together we can continue to make a true difference in the lives of children and families who need us the most in our local community.

Truly,

Tim and Kim

\_\_\_\_ **Yes**, I would like to become an All-Star Team Sponsor at the \$25,000 level.

\_\_\_\_ **Yes**, I would like to become a Team of Friends Sponsor at the \$10,000 level.

\_\_\_\_ **Yes**, I would like to become a No-Hitter Sponsor at the \$5,000 level.

\_\_\_\_ **Yes**, I would like to become a Complete Game Sponsor at the \$2,500 level.

\_\_\_\_ **Yes**, I would like to make a flat donation in the amount of \$\_\_\_\_\_.

\*\*Will you enter a team in the Super "Bowl" Tournament? \_\_\_\_ Yes \_\_\_\_ No

Please complete the information on the reverse of this card.

\_\_\_\_\_ I have included a check for \$ \_\_\_\_\_ for The Hudson Family Foundation Sponsorship Package chosen. (Please make checks payable to the Hudson Family Foundation.)

\_\_\_\_\_ Please charge my credit card \$ \_\_\_\_\_ for The Hudson Family Foundation Sponsorship Package chosen. My credit card information is listed.

\_\_\_\_\_ Please charge my credit card three (3) equal payments of \$ \_\_\_\_\_, Dec. 1, 2018, Jan. 1, 2019, and Feb. 1, 2019, for my Sponsorship Package chosen.

For additional information, please contact Jenny Hall at 334-707-9007 or [jennyjumphall@gmail.com](mailto:jennyjumphall@gmail.com)

[hudsonfamilyfoundation.com](http://hudsonfamilyfoundation.com)



The Hudson Family Foundation is a 501 (c) (3) non-profit organization. A portion of your donation is tax deductible to the extent allowed by the law.

Hudson Family Foundation #26-4239877

Company or Family Name \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### **BILLING INFORMATION**

Name as it appears on credit card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VISA MC DISC AMEX (circle one) Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_ Verification Security Number (3 digit code on back of card) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_