

# BICSI Cares Annual Sponsorship Form

## You can make a difference in the life of a child.

Thank you for choosing to sponsor BICSI Cares. Up to 10 percent of your sponsorship may go toward fundraising activities with the remaining funds going directly to assisting a children's charity selected by BICSI Cares. Charity assisted funding will be evenly distributed among the remaining 2025 charities chosen for the U.S. BICSI Conferences.

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Company Name

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Address

Street or P.O. Box

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City

State/Province

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Zip/Postal Code

Country

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Phone

Contact Name

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Email

### 2025 - Sponsorship Level

Silver \$2,000       Gold \$3,000       Platinum \$5,000

Includes logo on BICSI Cares Conference Posters and Website, as well as in all Conference Programs. BICSI will contact you for a high-resolution version of your logo.

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Please mail or fax your payment to: BICSI Cares, 8610 Hidden River Parkway, Tampa, FL 33637-1000 USA;

Fax: +1 813.971.4311; Tel: +1 813.979.1991 or 800.242.7405 (USA and Canada toll-free); Email: [bicsicare@bicsi.org](mailto:bicsicare@bicsi.org)

Web: [bicsi.org/bicsicare](http://bicsi.org/bicsicare)



BICSI Cares, Inc., is the charity arm of BICSI, which collects donations at each BICSI conference and gives 100 percent of the contributions to a local children's charity. BICSI Cares, Inc., is registered as a 501(c)(3) corporation in the United States, and all donations are tax deductible in the United States. Find out more about BICSI Cares at [bicsi.org/bicsicare](http://bicsi.org/bicsicare).

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### Payment Section

Please make all checks payable to BICSI Cares in U.S. dollars, drawn from a U.S. bank. (Call BICSI's Accounting Department for instructions on wiring funds.) For your protection, BICSI does not accept emailed credit card numbers. If paying by credit card, please mail or fax your payment information instead. Credit cards are processed in U.S. dollars.

Total to be paid

\$ \_\_\_\_\_

- Check or Money Order Enclosed  
 Visa     MasterCard     American Express     Discover

Internal Use Only

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Cardholder name (as the name appears on the credit card)

Cardholder signature

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Credit card number

CVV

Expiration date

Card billing zip code (required)