



An Employee Appreciation Initiative

Sponsor Information

Date: _____

Desired listing name: _____

Sponsor Level: ___ \$1,000 Platinum ___ \$500 Gold
 ___ \$250 Silver ___ \$100 Bronze

Contact name: _____

E-mail address: _____

Phone number: _____ Fax number: _____

Physical Address: _____

Same as Mailing address? ___ Yes ___ No

Mailing Address (only if different from physical address): _____

How did you hear about We Care? _____

Will you be offering a discount or benefit to Carroll ISD employees? ___ Yes ___ No

If yes, what would the discount/benefit be? (remember you can change this at any time)



MAKE CHECKS PAYABLE TO CARROLL ISD-WE CARE; SEND COMPLETED FORM AND PAYMENT TO:
CARROLL INDEPENDENT SCHOOL DISTRICT • ATTN: WE CARE
2400 N. CARROLL AVENUE • SOUTHLAKE, TX 76092