



# ANNUAL SPONSORSHIP APPLICATION

SPONSOR NAME (as you would like to be recognized)			
CONTACT			PHONE
ADDRESS			EMAIL
CITY	STATE	ZIP	WEBSITE

## SPONSORSHIP LEVEL

- |   |  |
|---|--|
| <input type="checkbox"/> <b>GRAND CHAMPION</b> \$15,000 | <input type="checkbox"/> <b>PET PARTNER</b> \$5,000            |
| <input type="checkbox"/> <b>BEST OF BREED</b> \$10,000  | <input type="checkbox"/> <b>FRIENDS OF THE ANIMALS</b> \$2,000 |

## PAYMENT INFORMATION

- CHECK NO. \_\_\_\_\_ Make check payable to IRVINE ANIMAL CARE CENTER
- CREDIT CARD (you will be contacted within 10 business days to provide credit card payment)

Please email or fax your completed Sponsorship Application to the center. Once your completed Sponsorship Application has been received, you will be contacted by the Special Events team to confirm your participation.

IRVINE ANIMAL CARE CENTER  
6443 Oak Canyon  
Irvine, CA 92618  
City of Irvine - Tax ID# 95-2759391

ATTN: Annual Sponsorship Opportunities  
[animalcare@cityofirvine.org](mailto:animalcare@cityofirvine.org)

Phone: 949-724-7740  
Fax: 949-724-7749

**Thank you for your support of the Irvine Animal Care Center.**