

BENEFIT For Team Oliver

Dear Supporter:

The person seeking a donation from you is helping with the Benefit for Team Oliver. Oliver was diagnosed with Alagille Syndrome at birth. At his young age of 14 months he is putting up a big fight for his life. Oliver's Aunt Kristi and Uncle Blake have recently taken custody; after the unexpected passing of his Mom. These two angels, along with their two sons, will be adopting Oliver in just a few months. Oliver's home is Texas Children's Hospital for the time being. This has forced his Aunt to quit her job; and to insure she is by his side. This benefit is to help provide support for Oliver and his family in this time of need.

SPONSORSHIP COMMITMENT FORM

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

Phone: _____ Email Address: _____

PLEASE CHECK OFF CORRECT BOX FOR DESIRED SPONSOR

<input type="checkbox"/>	Platinum Level	\$5,000
<input type="checkbox"/>	Gold Level	\$2,500
<input type="checkbox"/>	Silver Level	\$1,500
<input type="checkbox"/>	Bronze Level	\$750
<input type="checkbox"/>	Personal Contribution Amt	\$0 - \$699

Please Make Checks Payable to: **Team Oliver Acct# 3112010560**

Mail to: Texas Capitol Bank, N.A. Attn: Casi M. Jones

One Riverway, Ste. 2100 Houston, TX. 77056

Authorized Signature

Date

THANK YOU FOR YOUR SUPPORT!!!!

The Benefit Committee for Oliver