AMERICA, PULL UP A CHAIR. ™

YOUR SEAT. THEIR FUTURE.™

THE TORCH OF CARE NATIONAL TOUR 2027™ | SUPPORTER RESERVATION & CONTRIBUTION FORM

Join us in person or support from afar. The 2027 national tour builds on four years of teen caregiver recognition and extends the national table to extraordinary young people across ten cities.

1 | SELECT YOUR CITY

☐ Arlington, VA — Apr 17

☐ Killeen, TX — Jun 12

☐ Colorado Springs, CO — Aug 21

☐ Clarksville, TN — Oct 16

☐ Jacksonville, NC — Nov 13

☐ San Antonio, TX — May 15

☐ El Paso, TX — Jul 17

☐ Tacoma, WA — Sep 18

☐ Fayetteville, NC — Nov 6

☐ Augusta, GA — Dec 11

2 | HOW WILL YOU PARTICIPATE?

☐ I'LL BE THERE — Individual Supporter Seat | $150 per person (one reserved seat)

☐ RESERVE A SUPPORTER TABLE — $1,500 (10 seats per table; 5 supporter tables / 50 seats maximum per city)

☐ I'M WITH YOU FROM AFAR — Supporter Contribution | $150 suggested (no event admission or reserved seat)

☐ RESOURCE PARTNER TABLE — $300 per table (6 resource tables maximum per city; separate from dining tables; approval required)

Quantity: _____ Contribution / reservation total: $_____

3 | SUPPORTER CONTACT INFORMATION

Full name: _____

Organization / company (if applicable): _____

Email: _____

Phone: _____

4 | PUBLIC RECOGNITION PREFERENCE

Please recognize me/us on the General Supporters recognition display as:

☐ Individual name ☐ Business / organization name ☐ Company logo (subject to approval) ☐ Anonymous

Exact name to display: _____

Logo submissions require separate artwork delivery and approval. Names and logos are subject to space, print deadlines, and organizer review.

5 | RESOURCE PARTNER DETAILS (IF APPLICABLE)

Services / resources offered: _____

Primary audience served: _____

6 | ACKNOWLEDGMENT

☐ I understand that attendance reservations are subject to availability and payment confirmation. Nonattending contributions do not hold a seat. Resource tables require organizer approval.

Signature: _____ Date: _____

Event capacity: 20 dining tables × 10 seats = 200 seats per city; only 5 dining tables (50 seats) are allocated to this supporter program. Six resource tables are separate.

Payment and confirmation: Submit the completed form to the Foundation. Reservations are confirmed only after approval (where applicable), payment, and written confirmation. Do not email or mail full card numbers or security codes.

7 | PAYMENT METHOD & AUTHORIZATION

☐ Secure credit/debit card payment ☐ Check payable to Military Child World Expo Foundation

Amount authorized: $_____ Selected tour city: _____

Cardholder / payer name: _____

Billing address: _____

City / State / ZIP: _____

Card brand (optional): ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card last four digits (optional): _____ Payment reference (if paid): _____

CREDIT CARD AUTHORIZATION: I authorize Military Child World Expo Foundation to charge the amount stated above to the credit or debit card I provide through its designated secure payment channel. I understand that this authorization does not guarantee a seat or resource table until confirmed in writing. I authorize no additional or recurring charges under this form.

Cardholder signature: _____ Date: _____

SECURITY: Do not write full card numbers, expiration dates, or CVV/CVC codes on this form. Card details must be entered directly into the Foundation's designated secure payment system. Do not email card details.

8 | RETURN FORM & PAYMENT CORRESPONDENCE

Military Child World Expo Foundation

2461 Eisenhower Avenue

Alexandria, Virginia 22314 | 703-646-8410

Email: info@themilitarychildworldexpo.com

Email subject: National Tour

For checks, include the selected city and "National Tour" in the memo. For card payments, request the secure payment link from the Foundation. Do not send cash.

Please retain a copy of the completed form. Public supporter recognition is subject to confirmed payment, submission deadlines, and approval. No tax-deductibility representation is made by this form.