



SPONSORSHIP FORM

Company/Organization Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Email: _____

SPONSORSHIP LEVELS (CHECK ONE)

Food \$1000 + _____

Signature \$1000 + _____

Special Thanks \$500 + _____

Race \$250 + _____

For cash donations, please make check payable to: The Pulmonary Hypertension Association

***For in-kind donations, please complete the Donation Verification and Valuation form.
(May be mailed or emailed – see below.)***

****There is no charge for having an Exhibitor Booth. In-kind donations are encouraged.***

****If selling product, the Vendor Booth space is \$100.00.***

COMPANY LOGO AND NAMES

Please provide a high resolution logo and forward to shari@TaylorsWish.org. Deadline for logos is April 1, 2017.

Please mail the sponsorship form with and check made payable to ***The Pulmonary Hypertension Association*** to:

*Taylor's Wish
c/o Cali Kimble
P.O. Box 28593
Anaheim, CA 92809-9998*