

Sponsorship Form

Please check to indicate which sponsorship level you wish to participate:

_____ \$10,000 Principal Level (Title Sponsor)

_____ \$5,000 Paperweight Level

_____ \$4,000 Paper Level

_____ \$2,000 Pen Level

_____ \$1,000 Pencil Level

_____ \$500 Poster Level

_____ \$300 Paper Clip Level

\$ _____ Donation

Company Name _____

Individual/Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Email Address _____

Daytime Phone _____ Fax _____

Payment Information

My check for \$ _____ is enclosed, payable to **Alert CDC**.

Please charge \$ _____ to my credit card: Amex MC Visa

Account Name _____

Account Number _____ Exp Date _____

Signature _____