



Week of Hope, Health and Healing

September 30 – October 7, 2018

SPONSORSHIP FORM

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WEBSITE: _____

COMPANY CONTACT

FIRST NAME: _____ LAST NAME: _____

COMPANY TITLE: _____

EMAIL: _____ PHONE: _____

SPONSERSHIP LEVEL

Survivor \$10,000 Fighter \$5,000 Partner \$2,500 Supporter \$1,000

To be included in promotional material sponsorship agreement must be received by June 29, 2018

FORM OF PAYMENT

CASH CHECK NO. _____ (PAYABLE TO: Praise Is The Cure, Inc.)

CREDIT CARD | TYPE Visa MasterCard American Express Discover Card

NUMBER: _____ EXPIRATION DATE ____/____ SECURITY CODE _____

NAME: *exactly as it appears on the credit card*

SIGNATURE: _____ DATE: _____