



## **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 faxed – see below.)*

### **COMPANY LOGO AND NAMES**

Please provide a high resolution logo and forward to [shari@TaylorsWish.org](mailto:shari@TaylorsWish.org).

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

*Taylor's Wish  
c/o Shari Caffrey  
P.O. Box 28593  
Canyon Station Post Office  
Anaheim, CA 92809-9998*

**NOTE:** Forms may also be faxed to 714-281-5119.