



Sponsorship Commitment Form

Walk Location: _____

♡ YES! We are proud to support the Walk for 1 in 100 at the following level:

- | | |
|--|---|
| <input type="checkbox"/> Local Presenting (\$10,000) | <input type="checkbox"/> Silver (\$1,000) |
| <input type="checkbox"/> Platinum (\$5,000) | <input type="checkbox"/> Bronze (\$500) |
| <input type="checkbox"/> Gold (\$2,500) | <input type="checkbox"/> Copper (\$250) |

♡ We would like to receive information about forming a team

♡ We would like to donate a product or service (*please include quantity and estimated value*): _____

Company Name: _____

Contact Name & Title: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

E-Mail Address: _____

Signature: _____

Please charge my: Amex Visa Mastercard Discover

Credit Card #: _____

Exp. Date: _____ CVV: _____

If paying by credit card, please ensure address above matches billing address for the card.

OR make check payable to: **Adult Congenital Heart Association**

I need an invoice!

EIN: 04-3447959

Click here to return this form or mail to:

Adult Congenital Heart Association
ATTN: Walk for 1 in 100
280 North Providence Road, Suite 6
Media, PA 19063

Logo files should be sent to events@achaheart.org (.png or .eps preferred)

Please note that sponsorship benefits are not guaranteed.

www.walk1in100.org