



Walk Location: _____

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

___ Local Presenting (\$10,000)

___ Silver (\$1,000)

___ Platinum (\$5,000)

___ Bronze (\$500)

___ Gold (\$2,500)

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: _____ Date: _____

Please charge my: Amex Visa Mastercard

Credit Card #: _____

Exp. Date: _____ CVV: _____

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

NOTE: A 4% processing fee will be charged on all credit card transactions.

OR make check payable to Adult Congenital Heart Association

I need an invoice! EIN: 04-3447959

Return this form to events@achaheart.org 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.

For more information, email events@achaheart.org.