



## Sponsor Agreement Form

Sponsor Name: \_\_\_\_\_  
Please print exactly as you wish name to be listed in promotional materials

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

**I would like to be included as a \_\_\_\_\_ Sponsor.**

I would like to pledge \$\_\_\_\_\_. Please bill me (payment due by October 30, 2012)

Enclosed is my check for \$\_\_\_\_\_.

Unable to attend please accept our contribution for \$\_\_\_\_\_.

Please charge my Visa/MasterCard/Discover/American Express \$\_\_\_\_\_.

Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing address, if different than above:  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please keep a copy and return this form to:**

Community Hospice Foundation, Attn: Amy R. Davis, 4266 Sunbeam Road, Jacksonville, FL 32257, Fax: 904.886.3885

**Contact:**

Amy R. Davis, Development Officer, 904.407.6135, [adavis@communityhospice.com](mailto:adavis@communityhospice.com)

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