HHT National Walks and Family Days Sponsorship Commitment Form



In order for your name and logo to appear on event materials, the commitment form must be received by <<DATE>>. Please return this form to Allyson Clancy at allyson.clancy@curehht.org or by mail to:

PO Bo	Allyson Clancy					
-	sor Information or Name (as you would t	like to be listed)			
	Contact Name					
Preferred Address				City, State, Zip		
Phone			Email			
Spon	sorship Commitmer National Presenting Sp		\$10,000	Please list the items and provide at each Walk:	materials you wish to	
	National Elite Sponsor		\$7,500			
	Regional Premier Spor	nsor	\$5,000			
	Regional Sponsor		\$2,500			
	Community Partner		\$1,000			
Paym	ent Information					
	Check* (enclosed)	Checl	k* (will be sent o	n) *please m	nake all checks payable to C	ure HH
	Credit Card	Amount \$				
Credit	Card Number:			Exp. Date:	CVV Code:	
Cardh	older Name:					
Billing	Address (if different from	above):				
City, S	tate, Zip:					
Signature (required):				Date:		