



## Sponsorship Form 2010

**Yes**, my company would be proud to sponsor Revolutions, **Spinning for Health Care**.

Instructions: Indicate below level of sponsorship, complete contact information and payment option. Mail or fax Sponsorship Form to Anchorage Project Access before January 25, 2010. For more event information and sponsorship opportunities go to [AnchorageProjectAccess.org](http://AnchorageProjectAccess.org).

- Event Benefactor..... \$5,000
- Partner in Health ..... \$2,500
- Champion For Access ..... \$1,500
- Friend of Medicine ..... \$ 500
- Thoughtful Giver ..... \$ 250

Contact Information	Please Print All Information
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Payment Options	Amount of donation \$ _____ <input type="checkbox"/> Check enclosed. Make check payable to Anchorage Project Access <input type="checkbox"/> Call me and I'll provide credit card information. <input type="checkbox"/> Credit Card: __ Visa __ MasterCard __ Discover Credit Card # _____ Expiration Date _____ Three-Digit _____ Print Name on Card _____ Authorized Signature _____

(Anchorage Project Access is a 501(c)(3) Charitable Organization)

**THANK YOU FOR YOUR SUPPORT!**