



**2019 Revolutions Sponsorship Form**

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

Instructions: Indicate below your level of sponsorship, complete contact information and payment option. Mail or fax sponsorship form to Anchorage Project Access before February 1, 2019.

For more event information and sponsorship opportunities, visit AnchorageProjectAccess.org, email kholta@anchorageprojectaccess.org or call 688-1009.

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 |
| Company |  |
| Contact Person & Title |  |
| Phone |  |
| Fax |  |
| Email |  |
| Web Address |  |
| Mailing Address |  |
| Payment Options | Amount of Donation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check enclosed. Make check payable to Anchorage Project Access.  Call me and I’ll provide credit card information 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. Tax ID #92-0152088

**THANK YOU FOR YOUR SUPPORT!**

Anchorage Project Access • 2401 E 42nd Avenue, Suite 104 • Anchorage, AK 99508

PH: (907) 743-6600 • FAX: (907) 646-0542 • AnchorageProjectAccess.org