

**11th Annual Fundraiser | February 8, 2020**

**Anchorage 5th Avenue Mall | 10 AM to 3 PM**

**Sponsorship Form 2020**

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

Indicate below your level of sponsorship, complete contact information, and payment option. Mail, Fax or Scan sponsorship form to Anchorage Project Access before **January 15, 2020.**

For more event information and sponsorship opportunities, visit AnchorageProjectAccess.org, email Development@AnchorageProjectAccess.org or call 907-529-6458.

* Premier Sponsor $10,000
* Champion for Project Access $5,000
* Partner in Health $2,500
* Friend of Medicine $1,500
* Thoughtful Giver $500
* Rider Sponsor $250

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| **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 \_\_\_American Express

 Credit Card# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Expiration Date \_\_ CVV \_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_ \_  Print Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_  |

Anchorage Project Access is a 501(c)(3) Charitable Organization. Tax ID #92-0152088

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**THANK YOU FOR YOUR SUPPORT!**

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