

SPONSORSHIP AGREEMENT FORM The derby run for community Hospice & Palliative care

Spons	sor Name:			
	, ,	as you wish name to be listed in pro		
Conta	act Person:			
Addre	ess:			
			Zip:	
Conta	act Number:		Email:	
l wou	uld like to be included as a		Sponsor.	
	I would like to pledge \$	Please bill me	(Payment due by April 27, 2018)	
	Enclosed is my check for \$			
	Unable to attend please accept our contribution for \$			
	Please charge my Visa/MasterCard/Discover/American Express \$			
	Name as it appears on	card		
	Card #			
	Exp. Date			
	Billing address, if differ	ent than above:		
	*Make secure payments online: DerbyRun.CommunityHospice.com			
Signature			Date	

Please keep a copy and return this form to: Community Hospice & Palliative Care Foundation, Attn: Donna Morrow, 4266 Sunbeam Road, Jacksonville, FL 32257, Fax: 904.886.3885

Contact: Donna Morrow, 904.407.6136, dmorrow@communityhospice.com



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