

## **EVENT SPONSORSHIP FORM**

Yes, I/my company would like to sponsor the 10th Annual Gift of Life Celebration.

Your Name or  
Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's Email: \_\_\_\_\_

### **Sponsorship Level**

\$500     \$250     \$100     Other \_\_\_\_\_

### **Please make check payable to:**

Nonprofit Center of Northeast Florida, and designated to Jacksonville Transplant Alliance.\*

### **Mail check and this form to:**

Jacksonville Transplant Alliance  
c/o Kristin Corlett, Treasurer  
2060 Hovington Circle East  
Jacksonville, FL 32246-1110

Sponsors who donate \$100 or more will be verbally acknowledged throughout the event. They will also have their name or company logo displayed on top of each table.

Each sponsor who donates \$250 or more will also get their name or company logo on event programs and in event-related promotions on the JTA website and Facebook page. Please email an .eps, .png, or .jpg file of your logo to [stevenfla@comcast.net](mailto:stevenfla@comcast.net) no later than October 1, 2019.

### **For sponsors of \$250 or more:**

Will you send a representative to the event?

If yes, please provide their name, phone, and email address:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*Jacksonville Transplant Alliance is not a 501(c)(3) organization. In order to make your donation tax-deductible, checks must be made payable to the Nonprofit Center of Northeast Florida.

