

2018 WIZARDS ORGAN DONATION AWARENESS TOURNAMENT

PARTNERSHIP AGREEMENT

PLEASE SELECT YOUR COMPANY'S COMMITMENT LEVEL:

- Title Sponsor \$10,000
- Swag Sponsor \$5,000
- Team Sponsor \$2,500
- Individual Ticket \$500

Contact / Representative: _____ Position / Title: _____

Phone: _____ Company: _____

Address: _____

City / State / Zip: _____

Email: _____

PLEASE SELECT YOUR PREFERRED METHOD OF PAYMENT:

Please invoice our company for \$ _____

My check made payable to the National Kidney Foundation is enclosed for \$ _____

Please charge my credit card for \$ _____ Amex Visa Mastercard Discover

Card#: _____

Exp. Date: ____/____/____ CVV/CVC Number: _____

Signature: _____ Date: ____/____/____

PLEASE RETURN A COMPLETED FORM VIA EMAIL, MAIL OR FAX TO:

Michael Cleary, Development Manager
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202.244.7900 ext. 706 • michael.cleary@kidney.org

