

COMMITMENT FORM

Today's Date: _____

Contact Person: _____

Company: _____

Publication Name: _____

Signature of Authorized Representative: _____

Print Name (if different from above): _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Secondary Contact Person: _____ E-Mail: _____

PLEASE RESERVE THE FOLLOWING SPONSORSHIP

For a list of sponsorship benefits, please see attached description of sponsorships. Invoice available by request.

- | | | |
|--|---|----------------|
| <input type="checkbox"/> \$50,000 Exclusive Presenting | <input type="checkbox"/> \$7,500 Gold Sponsor | Total Enclosed |
| <input type="checkbox"/> \$20,000 Diamond Sponsor | <input type="checkbox"/> \$5,000 Silver Sponsor | \$ _____ |
| <input type="checkbox"/> \$10,000 Platinum Sponsor | <input type="checkbox"/> Other: _____ | |

PAYMENT OPTIONS

Payment must be received by October 31, 2019 to be included in promotional efforts.

All sponsorships must be paid in FULL by December 31, 2019.

- Please invoice (top portion of form must be complete)
- Check (Payable to: Neuro Challenge Foundation for Parkinson's
Mailing Address: 722 Apex Rd. Suite A Sarasota, FL 34240)
- Credit Card: Visa MasterCard Discover American Express

Name on Card: _____

Billing Address (must match credit card): _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expires: _____ CCV# (CCV# for Visa, MC & Disc: 3 numbers/back of card; AmEx: 4 numbers/front of card): _____

RETURN TO

Email: tammy@neurochallenge.org • **Phone:** 941-926-6413