

SPONSORSHIP FORM



Company name _____

Contact _____

Address _____

City, State, Zip _____

Email _____

Phone _____

Yes, I want to help Picture Berks Healthy by sponsoring at the following level:

- | | |
|--|----------|
| <input type="checkbox"/> Pollock Platinum | \$10,000 |
| <input type="checkbox"/> Van Gogh Gold | \$7,500 |
| <input type="checkbox"/> Cezanne Silver | \$5,000 |
| <input type="checkbox"/> Rembrandt Rising Star | \$2,500 |
| <input type="checkbox"/> Monet | \$1,500 |
| <input type="checkbox"/> Renoir | \$1,000 |
| <input type="checkbox"/> Vermeer | \$500 |

To pay by credit card, call Debbie Hartranft at 484-772-4090 or complete this form and mail it to the address below.

Name on card _____

Type of card _____

Card Number _____

CSV _____

Expiration date _____

Zip Code _____

To pay by check, please make checks payable to Berks Community Health Center and mail along with this form to:

Attn: Debbie Hartranft
Berks Community Health Center
645 Penn Street, Suite 301
Reading, PA 19601