



Sponsorship Form

To ensure proper acknowledgment of your sponsorship and inclusion in Celebrate Life event materials, please complete this form and return to the address listed below.

Please remit to: **Options Health**, Attention: Leslie Harman
5167 Clayton Road, Suite H, Concord, CA 94521
Email: Leslie.Harman@optionshealth.org or call (925) 827-0100.

- PLATINUM (\$5,000)** **GOLD (\$2,500)** **SILVER (\$1,500)** **BRONZE (\$750)**
- DONATION ONLY** _____ We cannot attend this year but would like to contribute.

Sponsorship Name:

Contact Person:

Phone:

Address:

Email:

Website URL:

Facebook URL:

Donation Method: PLEDGE CHECK CREDIT CARD STOCK

Name on Card:

Card #:

Exp:

CRV:

Submitting Your company Logo: In order to display your logo on event marketing materials, we require a **vector file** in one of the following formats: **.eps, .ai, .svg, or .pdf**. Please do not send .jpg or .png files. Email to: Leslie.Harman@optionshealth.org.