

# Partners in Prevention Sponsorship Request Form

Corporation/Organization \_\_\_\_\_

EIN \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ FAX \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

Please check the Sponsorship Option you are requesting.

### Single Program Options

Platinum \$5,000

Gold \$3,500

Silver \$2,000

Bronze \$1,000

### Multiple Program Options

Platinum \$50,000

Gold \$25,000

Silver \$10,000

Bronze \$2,500

City, state or region of your Sponsored Program \_\_\_\_\_.  
(When selecting a specific city/metropolitan area, please note hospital selection criterion in enclosed Sponsorship Request letter.)

Please return your completed Sponsorship Request Form and check payable to Partners in Prevention in the enclosed self-addressed envelope.

Your Partners in Prevention contact person is \_\_\_\_\_.

Phone \_\_\_\_\_

Partners in Prevention  
2525 Arapahoe Ave E4  
Boulder, CO 80302  
888-782-0723  
EIN 71-1005989