

Sponsorship Agreement

Sponsorship Level _____

Company/Donor Name *(Please print name exactly as it should appear on any printed material)*

Primary Contact _____ Title _____

E-mail Address _____

Street Address _____

City, State, Zip _____

Phone _____ Preferred method of contact _____

Signature of Authorized Person _____

Pay by check

Mail check, payable to *Run Walk Roll for Brain Injury*, to:

Brain Injury Association of Pennsylvania

c/o Anne Sears

Treasurer

8 Westover Court

Yardley, PA. 19067

Pay by credit card

Visit www.biapa.org/runwalkroll2023 and select *Become a Sponsor*

Questions

215-208-0851

In-Kind Donation

Item _____ Value _____

