

# 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/runwalkroll2024](http://www.biapa.org/runwalkroll2024) and select *Become a Sponsor*

## Questions

215-208-0851

## In-Kind Donation

Item \_\_\_\_\_ Value \_\_\_\_\_

