

Section to be Completed by Participant

Participant/Board Member Name: _____

Phone: _____ Today's Date: _____

Email: _____

Section to be Completed by Corporate Contact or Participant

I am submitting the following type of partnership/sponsorship (choose one):

Swing King \$10,000 Merengue \$5,000 Fox Trot \$2,500 Waltz \$1,000

Salsa \$500 Polka \$250 In-kind donation valued at \$ _____

We would like to place HFA brochures in our break rooms, cafeteria, promote HFA in our email or include a link on our webpage.

We would like a HFA representative to hold an informational meeting at our business.

We are unable to become a sponsor, but please accept our enclosed tax-deductible contribution of \$ _____.

Corporate Name: _____

Corporate Address: _____

Corporate Contact Person: _____ Phone #: _____

Corporate website: _____

Check payable to Health For All is:

enclosed will arrive: _____ please contact me regarding payment

Please return completed form and check (payable to Health For All) to:

Health For All
Dancing for the Health of It!
PO Box 5913
Bryan, TX 77805
Phone: (979) 774-4176 x 117
Fax: (979) 774-4180

Please email your logo in eps, jpg or pdf format to Amanda Schrader:
assistant.hlth4all@gmail.com