



Corporate Sponsorship Confirmation

Include us as a sponsor at the following level (please check one):

____ Platinum \$2500

____ Gold \$1500

Name _____

Company Name (if applicable) _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

Payments can be made by check, cash, credit card, debit card, or automatic withdrawal.

CC # _____

Expiration date: _____ Amount to charge \$: _____

Name on card: _____

Signature: _____

Thank you for supporting family caregivers in Tennessee!

Return this form with your payment via fax or mail to:

Tennessee Respite Coalition
19 Music Square West Suite J,
Nashville, TN 37203
Phone (615) 269-8687 ♦ Fax (615) 469-7791

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