



2020 SPONSORSHIP COMMITMENT

Organization Name: _____

Address: _____

City/State/Zip: _____

Main Contact for Sponsorship Communication:

Contact Name & Title: _____

Email: _____

Phone: _____ Fax: _____

Organization Website: _____

WE ARE PLEASED TO PARTNER WITH THE 2020 DONATE LIFE TRANSPLANT GAMES

Sponsor Level / Category: _____

Sponsorship Amount: _____

Payment Schedule:

- Full payment now
- Two Payments, billed now and 01/01/20

Payment:

(Please indicate your preferred method of payment)

Please Invoice Check Enclosed (MAKE CHECKS PAYABLE to Transplant Games of America)

Other (please detail) _____

Date: _____ Name: _____

Signature: _____

Please return form to Alexis Hartman at a.hartman@transplantLF.org, fax to 1-888-510-0090, or mail to Transplant Life Foundation, 1595 Galbraith Ave. SE, Suite 500, Grand Rapids, MI 49546