



Sponsor Name (Name as it should appear in printed materials)

Contact Name

Address

City/State.Zip

Phone

Fax

Email

Please accept this sponsorship of \$_____ for 2009 Mardi Gras Gala as a _____
(Sponsorship type)

An electronic image of your logo is requested for print materials. Please forward you logo in color and black and white to EFWO at events@ohioepilepsy.org Acceptable formats include: JPG, TIG, GIF, EPS.

___ Enclosed is a check for \$_____ (Make checks payable to The Epilepsy Foundation of Western Ohio)

___ Credit Card Payment: ___ Visa ___ MasterCard ___ Discover Card

Card Number _____ Expiration Date _____

Name on Card _____

Signature _____

___ Please send a payment notice ___ We would like to purchase a corporate table

___ We are unable to provide full sponsorship this year. However, please accept our donation of \$_____

___ We would like to donate an item(s) for the live/silent auction ___ We would love to help! Contact us to volunteer.



*Please fax your sponsorship commitment to 937.233.5439,
mail to the Epilepsy Foundation of Western Ohio, 7523 Brandt Pike, Huber Heights, OH 45424,
or email Janine Poppa at jpoppa@ohioepilepsy.org.*