

SPONSORSHIP FORM

_____ YES! Please sign up as a sponsor for the 10th Annual ALS H.O.P.E. 5K Run/Walk
_____ No. Sorry we cannot participate this year, but please keep us on the mailing list for future events.

We will be donating a check in the amount of : \$_____ (*Payable to "PT class of 2011"*
UNLESS you would like the donation to be tax-deductible, then checks are to be made out to SC ALS
Association- contact Kelley Ingram for the tax ID number)

We will be donating non-monetary item(s): _____

Equivalent value of non-monetary items: \$ _____

Description: _____

Company Name: _____

Address: _____

Contact Person: _____

Phone: _____

Fax: _____

E-mail: _____

Please help us support the South Carolina Chapter of the ALS Association!

Please mail or fax this form to:

Physical Therapy Class of 2011
PO Box 13147
Charleston, SC 29422

Phone: (843)910-1427
 (803)416-2393
Fax: (843)792-0253

Kelley Ingram
Sarah Adams
Student Services Office at the MUSC College of Health Professions
Attn: Kelley Ingram

Physical Therapy Class of 2011
PO Box 13147 Charleston, SC 29422
<http://www.alshoperace.com>