

Date: _____

2020 CARE HEALTH FAIR SPONSOR REGISTRATION FORM

(PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY OR YOU MAY ATTACH A BUSINESS CARD)

Name Of Organization: _____

Address: _____ City: _____ State: TX Zip: _____

Phone # for H.F. Directory: _____ - _____ - _____

Contact Person: _____

E-Mail: _____

**Would you like a sentence or slogan in the
directory to highlight your service?**

Yes _____ No _____

Wording: _____

THE SPONSORSHIP CATEGORIES AND RECOGNITIONS ARE AS FOLLOWS:

_____ **Diamond Sponsor - \$500 and Above**

Name in Directory, 2 Dinner Tickets plus Special Recognition in Booklet and Introduction at Dinner, Recognition on Table Tent & Room to hang a vertical banner at Dinner and/or on Wednesday Market Day.

_____ **Platinum Sponsor - \$400-\$499**

Name in Directory, 2 Dinner Tickets plus Recognition in Booklet

_____ **Gold Sponsor - \$300-\$399**

Name in Directory & 2 Dinner Tickets

_____ **Silver Sponsor - \$200-\$299**

Name in Directory

_____ **Bronze Sponsor - \$100-\$199**

Name in Directory

Our sincere thanks, in advance, for your support of Escapees CARE, Inc., Day Activity and Health Services
All Donations will be used for improving our programs and facilities.

AMOUNT _____ CHECK # _____ CASH _____ (Received by : _____)

Make Checks out to: **Escapees CARE, Inc.** For Credit Card Payments Call 936-327-4256 ask for Business Office

Mail to: ESCAPEES CARE, INC

ATTN: CARE HEALTH FAIR

155 CARE Center Dr.

Livingston, TX. 77351

NOTE: Please get your registration form
turned in early for best results!

IMPORTANT: To have your listing in our Sponsors and Medical Vendor's Directory
Your Donation **Must** Reach us by: **February 15th**