

Date: \_\_\_\_\_

## 2022 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, Special Recognition in Booklet and Recognition throughout Week-long Event

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

Name in Directory and Recognition in Booklet

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

Name in Directory

\_\_\_\_\_ **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: **March 15<sup>th</sup>**