



# GOING THE EXTRA MILE 2021

## Sponsorship Commitment Form

**COMPANY** \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

Exact name to be listed on event materials: \_\_\_\_\_

### Sponsorships

<b>Pacesetter</b> .....	<b>\$15,000</b>	<b>Runner</b> .....	<b>\$5,000</b>
<b>Marathoner</b> .....	<b>\$10,000</b>	<b>Jurist</b> .....	<b>\$3,000</b>
<b>Sprinter</b> .....	<b>\$7,500</b>	<b>Solicitor</b> .....	<b>\$1,000</b>

**Individual Ticket** ..... **\$250**      Number of Individual Tickets: \_\_\_\_\_

\*A portion of each sponsorship is tax-deductible. This cost is calculated after the event once all event expenses have been finalized, at which time your firm will receive an acknowledgment letter indicating the tax-deductible amount of sponsorship.

### Payment via credit card

**NAME ON CARD** \_\_\_\_\_

**CARD NUMBER** \_\_\_\_\_

**EXP. DATE** \_\_\_\_\_ **SECURITY CODE/CVV** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Make checks payable to "Whitman-Walker Health" with "Legal Services" in memo section.

#### RETURN TO:

Whitman-Walker Health, Attn. Lee Hicks, Legal Services Operations Manager  
1377 R St. NW, Suite 200, Washington, DC 20009