Sponsorship Commitment Form

Postpartum Health Alliance 2019 October Fiesta

Company Name:

Contact Name:

Email Address:

Phone Number:

* **Yes! I want to show my support for the Postpartum Health Alliance by committing to sponsor the 2019 Postpartum Health Alliance October Fiesta as noted below.**

**SELECT YOUR SPONSORSHIP OPPORTUNITY**

* **Supporter - $100 - $199**
* **Friend - $200 - $499**
* **Advocate - $500 - $999**
* **Advocate - $999 - $2000**
* **Presenting Sponsor - $5000 or above**
* **Food Sponsor - $1500**
* **Bar Sponsor - $800**
* **Entertainment Sponsor - $500**

**LOGO SUBMISSION GUIDELINES** – Corporate logos for qualifying sponsors must be submitted as a EPS, JPEG or PDF files and at least 3000dpi.

**Paying online: https://tinyurl.com/PHAOctoberFiesta**

**Paying by Check**– Mail this completed form with check payable to: San Diego Postpartum Health Alliance to P.O. Box 927231, San Diego CA 92192. You may also email this form to [info@postpartumhealthalliance.org](mailto:info@postpartumhealthalliance.org).