



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

- | | |
|---|--|
| <input type="checkbox"/> Supporter - \$100 - \$199 | <input type="checkbox"/> Presenting Sponsor - \$5000 or above |
| <input type="checkbox"/> Friend - \$200 - \$499 | <input type="checkbox"/> Food Sponsor - \$1500 |
| <input type="checkbox"/> Advocate - \$500 - \$999 | <input type="checkbox"/> Bar Sponsor - \$800 |
| <input type="checkbox"/> Advocate - \$999 - \$2000 | <input type="checkbox"/> 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.

For tax reporting purposes, the Postpartum Health Alliance is a tax-exempt organization as described in 501(c)3