



# SPRING AWARDS SPONSORSHIP FORM

## CONTACT INFORMATION

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## LISTING INFORMATION (choose one)

- List **Sponsor Name** as follows: \_\_\_\_\_
- Please show my donation as **“Anonymous”**
- I do NOT want to be recognized at the event or in event materials

## SPONSORSHIP INFORMATION (choose one)

- |   |   |   |
|---|---|---|
| <input type="radio"/> <b>Platinum Sponsor</b> [\$500]<br>BENEFITS<br>• Recognition in event program<br>• Recognition on event table | <input type="radio"/> <b>Gold Sponsor</b> [\$250]<br>BENEFITS<br>• Recognition in event program | <input type="radio"/> <b>Silver Sponsor</b> [\$100]<br>BENEFITS<br>• Recognition in event program |
|---|---|---|

**Email completed forms to Shari Mack**  
**at [smack@hhp.ufl.edu](mailto:smack@hhp.ufl.edu) or mail to:**  
 .....  
**Make checks payable to the**  
**University of Florida Foundation.**

Office of Development  
 College of Health & Human Performance  
 P.O. Box 118200  
 University of Florida  
 Gainesville, FL 32611

For secure online credit card payment, click [HERE](#)

\_\_\_\_\_  
 Signature Print Name Date

*Gifts are tax deductible to the fullest extent of the law.*

**Questions?** E-mail [alumni@hhp.ufl.edu](mailto:alumni@hhp.ufl.edu) or call (352) 294-1609