



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"/> Gold Sponsor [\$250]
BENEFITS
<ul style="list-style-type: none"> • Two (2) tickets to event • Recognition in event program • Recognition on event table | <input type="radio"/> Silver Sponsor [\$100]
BENEFITS
<ul style="list-style-type: none"> • Two (2) tickets to event • Recognition in event program |
|--|---|

Please return completed form 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**

- Check here if you are unable to attend and would like to donate your sponsorship tickets to HHP.

_____ Signature	_____ Print Name	_____ Date
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Gifts are tax deductible to the fullest extent of the law.

Questions? E-mail alumni@hhp.ufl.edu or call (352) 294-1609