



ATONEMENT COMMUNITY HEALTH AWARENESS DAY

2018 HEALTH SPONSORSHIP LETTER OF AGREEMENT

Personal/ Company Name: _____

agrees to provide a financial health sponsorship for Atonement Community Health Awareness Day. As a health sponsor, I understand that I will receive the applicable opportunities described. I also understand these opportunities will not be valid until this agreement is signed and payment has been issued to and accepted by The Episcopal Church of the Atonement.

Please check appropriate Health Sponsorship:

- | | |
|--|--|
| <input type="checkbox"/> VIP Health Steward | \$250 |
| <input type="checkbox"/> Partnering Health Sponsor | \$100 |
| <input type="checkbox"/> Health Awareness Supporter | \$ 50 |
| <input type="checkbox"/> Community Health Awareness T-shirt | \$ 15 each (Indicate quantity by size) |
| _____ Adult 3XL _____ Adult 2XL _____ Adult XL _____ Adult L _____ Adult M _____ Adult S | |
| _____ Youth L _____ Youth M _____ Youth S | |

Total: \$ _____

Name of Company _____

Representative/Contact Person _____

Authorized Sponsor Signature _____

Street Address _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone (@event) _____ Fax _____

E-mail _____ @ _____ . _____

Company website _____

Additional Representative(s) _____

Table Signage: _____

Please email your **intent to submit** your Atonement Community Health Awareness **Sponsorship Letter of Agreement** to Rochelle Harley, 240-825-5100, atonementcommhealthawareness@gmail.com by 8/25/18.

Please mail your **completed Sponsorship Letter of Agreement** with accompanying **payment** by 8/31/18.
to:

The Episcopal Church of the Atonement
Atonement Community Health Awareness Day
Attn: Rochelle Harley
5073 East Capitol Street, SE
Washington, DC 20019