



## Sponsor-A-Clinic Registration Form

### **Sponsor-A-Clinic for a Day—\$500**

# of Days Sponsored (@ \$500 each): \_\_\_\_\_

### **Sponsor-A-Clinic for a Week—\$2000**

# of Weeks Sponsored (@ \$2,000 each) : \_\_\_\_\_

*(Weeks are 5 individual days of sponsorship, which offer a \$500 discount.*

*These 5 days can be spread out through out the year.)*

**Total Sponsorship Amount: \$ \_\_\_\_\_**

#### **Online Presence:**

Website: \_\_\_\_\_

Facebook Page: \_\_\_\_\_

Twitter Handle: \_\_\_\_\_

Instagram Handle: \_\_\_\_\_

LinkedIn Page: \_\_\_\_\_

Preferred date(s) of Sponsorship:

\_\_\_\_\_

\_\_\_\_\_

Company to be list as: \_\_\_\_\_

\_\_\_\_\_

#### **Billing & Payment Information**

My check made payable to Mission of Mercy in the amount of \$ \_\_\_\_\_ will be mailed to 2421 Ayers Street, Corpus Christi, Texas 78404.

Please charge my credit card

Cardholder's Name:

Card #:

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Kindly return completed form to :

Mission of Mercy

Attn: Sponsor A Clinic

2421 Ayers St.

Corpus Christi, Texas 78404

Or email for to Jennifer at the email address below

Please send your company logo (and any other information to Jennifer Janecek, Development Director at

[jjanecek@amissionofmercy.org](mailto:jjanecek@amissionofmercy.org)