

Name _____

Business _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____

Email _____ Fax _____

Please include my/our names on the Epilepsy Foundation of Minnesota donor list as:

Sponsorship Commitment

In support of the Epilepsy Foundation of Minnesota, I / we will commit to a sponsorship level of:

- ☐ Premier Sponsor - \$25,000 (exclusive, main stage name, premium logo placement, exhibiting)
- ☐ Signature Sponsor - \$12,000 (mini sessions, exhibiting, premium logo placement, ½ page ad)
- ☐ Major Sponsor - \$6,000 (incl. expo & workshop exhibiting, ¼ page ad)
- ☐ Supporting Sponsor - \$3,000 (Expo specific sponsor, exhibiting, 1/8 page ad)
- ☐ Exhibitor - \$1,000 (\$500 for nonprofits) per expo/workshop

Method of Payment

- ☐ Check enclosed for the amount of \$_____ made payable to Epilepsy Foundation of MN
- ☐ Credit Card (circle one) Visa MasterCard
Card Number: _____ Exp. Date: _____ CVV: _____
Amount: \$_____ Signature: _____
- ☐ Please send an invoice for the amount of: \$_____
- Address: _____

Sponsorship payment due by: April 27, 2015

Please contact Heather Hammond with additional sponsorship questions 651.287.2330 or
hhammond@efmn.org

Return Form to: 1600 University Ave. W. Suite 300 St. Paul, MN 55104 or Fax (651) 287.2325

Thank you for supporting EFMN programs!