



# 2010 PINWHEEL SPONSORS APPLICATION

## ORGANIZATION INFORMATION

Organization

Name: \_\_\_\_\_

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

City, State, Zip, \_\_\_\_\_

Country: \_\_\_\_\_

Direct Phone

Number: \_\_\_\_\_

Direct Fax

Number: \_\_\_\_\_

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

Pinwheel Sponsor

Contact Name: \_\_\_\_\_

Position or Title: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

### Level of Sponsorship (Please check one):

Hospital/Institution:

Pinwheel Champion  
(\$1,500)

Corporate:

Pinwheel Patron (\$5,000)  
 Pinwheel Friend (\$2,500)  
 Pinwheel Supporter (\$1,500)

Association:

Pinwheel Association  
(\$1,500)

I am interested in other sponsorship opportunities. Please contact me!

Check payable to IFCC in  
U.S. funds

Credit Card  
(MasterCard/VISA)

Total Due: \_\_\_\_\_

Credit Card

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

CCV Code: \_\_\_\_\_

Cardholder's

Signature: \_\_\_\_\_

### Please return completed application and sponsorship fee

By Email to:

Ann Selinger

Special Projects Manager

[aselinger@ifcc.org](mailto:aselinger@ifcc.org)

Fax to: 301-652-0186

By mail to:

Pinwheel Sponsors Program

INSTITUTE FOR FAMILY-CENTERED CARE

7900 Wisconsin Ave, Suite 405

Bethesda, MD 20814

Please make check payable to:  
Institute for Family-Centered Care  
Federal ID No. 52-1777133