



2009 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)

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@iffcc.org

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