



# 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@ifcc.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