

Pinwheel Sponsor Application

Oate of Application:	Application Submission
	pfcc.org/pinwheel-application.html or email this completed application to application to IPFCC, please see instructions in the Payment Information section.
	Organization Information
☐ New Pinwheel Sponsor ☐ Pinwh	neel Sponsor Renewal
Primary Organization (will be listed as F	Pinwheel Sponsor)
Address	
City	State/Province Zip/Postal Code
·	Website
Pinwheel Sponsor Contact Name	
_	
Direct Phone Number	Email
Please list any other hospitals affiliated w	vith Primary Organization in order to receive Pinwheel Sponsor discounts:
or organization	Level of Pinwheel Sponsorship (please check one) \$3,500 - health system with \$4,000 - PFCC.Connect Sponsor more than one hospital* and all hospitals in the system are eligible for sponsor benefits.
	Payment Information
Total Due	
Mail completed application and chec	itute for Patient- and Family-Centered Care, Federal ID No. 52-1777133 ck to: , P.O. Box 6397, McLean, VA 22106-9998
☐ Credit Card (Only available with on	line application)
•	referred payment method) re, Inc. d/b/a Institute for Patient- and Family-Centered Care Account # 282009432, Checking Account

Questions? Email Sherry Hajec, Special Projects Program Associate, at shajec@ipfcc.org.