



**Hackensack Meridian Carrier Clinic
VIRTUAL - Walk of Hope & Awareness Day
Saturday, September 26, 2020
EVENT SPONSORSHIP CONFIRMATION FORM**

Contact Information (PLEASE PRINT):

Contact Name: _____
Company
Name: _____
Address: _____
City, State, Zip: _____
Email (required): _____
Daytime Phone (required): _____

Sponsorship Amount: _____
Method of Payment: _____ Cash _____ Credit Card _____ Check
Check number: _____ **(Please make checks payable to Carrier Clinic)**
Credit Card Type: _____ Mastercard _____ Visa _____ Discover Expiration Date: _____
Credit Card #: _____
Credit Card Security Code (3 numbers on the back of the card): _____



**PLEASE COMPLETE THIS FORM & RETURN TO:
Hackensack Meridian Carrier Clinic
Fund Development Department
P.O. Box 147, 252 Route 601, Belle Mead, NJ 08502
PH: 908-281-1615 FAX: 908-281-1679
Email: ramona.larsen@hackensackmeridian.org**

*Hackensack Meridian Health Carrier Clinic is a 501c3 not-for-profit organization and
your donation is tax deductible.*

Thank you for your support!