



2022 SYMPTOM MARKER SPONSORSHIP FORM

\$50 per symptom marker



unite@night is a collection of one-mile, casual social events & walks around the country that bring together people who are living with the devastating effects of Chiari malformation, syringomyelia, EDS, and related disorders.

unite@night walks raise awareness, help support our virtual and live support groups & educational lectures, and fund advocacy and research projects that can potentially find better answers to help those who are fighting these disorders.

Company/Individual Name: _____

Contact Name (if different from above): _____

Address: _____

Phone: _____

E-mail: _____

unite@night Walk Location (City and State): _____

OF SPONSORSHIPS @ \$50 EACH _____ **TOTAL SPONSORSHIP \$** _____

WALKER TO RECEIVE CREDIT FOR SPONSORSHIP: _____

-----**PAYMENT**-----

☐ My check made payable to Bobby Jones CSF is enclosed.

☐ VISA

☐ MC

☐ DISCOVER

☐ AMEX

CARD NUMBER | | | | | | | | | | | | | | | |

EXPIRATION _____ **SIGNATURE** _____ **SECURITY CODE** _____

☐ This is not a monetary payment, but an in-kind donation for the sponsorship marker.

Item(s) donated _____

Item(s) estimated value _____

☐ Please do not include me in Bobby Jones CSF mailings and email notices.

Please mail this form and any checks to:

Bobby Jones CSF, 69-39 Yellowstone Blvd. #216, Forest Hills, NY 11375

Please mail checks within two weeks of receipt. Thanks!

If you have questions, contact Cathy Poznik at (330) 573-5560 or email cpoznik@bobbyjonescsf.org.