



2024 SYMPTOM MARKER SPONSORSHIP FORM

\$50 per symptom marker

Your company or family name on an 8.5" x 11" sign posted at your event

unite4answers is a collection of fundraising events around the country to help fund medical research and education programs that foster better answers. These events bring together people who are living with the devastating effects of Chiari malformation (CM), syringomyelia (SM), Ehlers-Danlos Syndrome (EDS), dysautonomia, and related disorders.

Company/Individual Name: _____

Contact Name (if different from above): _____

Street Address: _____

City: _____ **State** _____ **Zip** _____

Phone: _____ **E-mail:** _____

unite4answers Event 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.**

I would like to pay by credit card: ____ VISA ____ MasterCard ____ Discover ____ American Express

CARD NUMBER

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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, along with any checks, within two weeks, to:
Bobby Jones CSF, 69-39 Yellowstone Blvd. #216, Forest Hills, NY 11375**

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

Bobby Jones CSF is a 501(c)(3) non-profit organization – EIN #26-1316274