



Fora Health

TREATMENT & RECOVERY

Freedom Awards Sponsorship Commitment Form

I pledge my support for the 22nd Annual Freedom Awards Luncheon at the following level:

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- I am not able to attend, but would like to support with a gift of: _____

Sponsor Information

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Please list this contribution in all recognition materials as follows:

Payment Information

Credit Card Check Pledge (Fora Health will send you an invoice)

Credit Card #: _____ Exp Date: _____ Security Code: _____

Signature: _____ Date: _____

Please return to Fora Health at PO Box 16040, Portland OR 97292;
or email: Development@forahealth.org

Thank you for your support!

The fair market value of each ticket is \$40 and the remainder of your sponsorship is a tax-deductible contribution.
Fora Health is a 501(c) (3) nonprofit organization. Our federal tax ID is 93-0706892.