



RSDSA Corporate Sponsorship Partnership Form

Please complete this form and mail it to the address below:

RSDSA, 99 Cherry Street, PO Box 502, Milford, CT 06460

You may also contact RSDSA at 877.662.7737 or email info@rsds.org

Sponsorship Opportunities: *(Please Check One):*

- | | |
|--|---|
| <input type="checkbox"/> Platinum Title Sponsor - \$25,000 | <input type="checkbox"/> Bronze Sponsor - \$1,000 |
| <input type="checkbox"/> Gold Title Sponsor - \$10,000 | <input type="checkbox"/> Orange Sponsor - \$500 |
| <input type="checkbox"/> Silver Sponsor - \$5,000 | |

Sponsoring Organization Name: *(To be listed on all RSDSA promotional materials)*

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Name / Title: _____

Contact Phone: _____ Email: _____

Website: _____

Social Medical Links: _____

Payment Schedule: All payments are non-refundable. Deposit is due within 10 days of executed agreement.

- | |
|---|
| <input type="checkbox"/> Check - payable to RSDSA |
| <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa |

Credit Card Number: _____

Name on Card: _____

Expiration Date: _____ CVV Code: _____

Signature: _____ Date: _____