



JEWISH PARENTS INSTITUTE

SPONSORSHIP FORM



T H E C E N T E R

FOR STEM CELL RESEARCH FORUM

CONTACT PERSON: _____

NAME OF BUSINESS: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ EMAIL: _____

All donations are tax-deductable to the full extent allowed by law.

SPONSORSHIP LEVEL: *Please indicate number of sponsorships in box*

GOLD \$500 (each gold sponsorship is entitled to one 8' display table)

SILVER \$250

BRONZE \$100

TOTAL AMOUNT INCLUDED: _____

Payment form: *My check is enclosed (made payable to JPI)*

Visa/MC number _____

Expiration date (month/year) _____

Name on card: _____

Signature of cardholder: _____

NAME AS IT IS TO APPEAR ON ALL BROCHURES, ADVERTISEMENTS & POWERPOINT:

ALL SPONSORS: Please forward your logo (in high resolution) to swright@jccdet.org for inclusion in PowerPoint presentation and advertising. Questions: 248.432.5472

Please send this completed form and your payment to the address below no later than March 7, 2010 to be included in all publications.

JPI – Stem Cell Research Forum
c/o Jewish Community Center of Metropolitan Detroit
6600 W. Maple Road
West Bloomfield, MI 48322

THANK YOU FOR YOUR SUPPORT!