



# FOUNDATION FOR THE ADVANCEMENT OF WOUND CARE - COMMITMENT TO PLEDGE

## CONTACT INFORMATION

Name: \_\_\_\_\_ Name for Publication/Recognition: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

Email address: \_\_\_\_\_

## SPONSORSHIP LEVELS

\_\_\_\_\_ Platinum \$20,000

\_\_\_\_\_ Gold \$10,000

\_\_\_\_\_ Silver \$5,000

\_\_\_\_\_ Bronze \$2,500

## PAYMENT

\_\_\_\_\_ Check - Enclosed is a check made payable to FAWC

\_\_\_\_\_ Credit Card - Please charge \$ \_\_\_\_\_ to my credit card \_\_\_Mastercard \_\_\_AMEX \_\_\_VISA \_\_\_DISCOVER

\_\_\_\_\_

**Card Number**

**Expiration Date**

**Security Code**

\_\_\_\_\_

**Billing Address (if different from above)**

\_\_\_\_\_

**Name on Credit Card**

**Signature**

\_\_\_\_\_ Please invoice me for my pledge of support indicated above.

\_\_\_\_\_

**Signature (Required)**

Please fill out and return form to FAWC

By email: - | Phone: (717) 677-9401

By mail: - | -

<https://fawconline.org>

**Thank you for your attention; we look forward to your positive response to this invitation. Please feel free to contact our Executive Director at (717) 549-2527 or at [info@fawconline.org](mailto:info@fawconline.org) for more information.**

Your donation is tax deductible.  
Please consult your tax advisor to determine the specific tax deduction.