

# ULTIMATE CYCLE & FACES



**Saturday, May 30, 2009**

## Sponsorship & Advertising Agreement

**YES!** Count us in as a Ride 4 Smiles sponsor at the \_\_\_\_\_ Sponsorship Level.

**YES!** I want to advertise in the program with a \_\_\_\_\_ size ad.

Name \_\_\_\_\_ Referred by: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

We are unable to sponsor or advertise, but please accept our tax-deductible donation of \$ \_\_\_\_\_ or gift of \_\_\_\_\_.

Enclosed is my check in the amount of \$ \_\_\_\_\_ made payable to FACES.

Credit Card Payment: Please charge \$ \_\_\_\_\_ to:

Visa  Mastercard  American Express

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Mail to:**

FACES Ride 4 Smiles  
P O Box 11082  
Chattanooga, TN 37401

**Online:**

[www.faces-cranio.org](http://www.faces-cranio.org)

**or Fax to:**

FACES Ride 4 Smiles  
ATTN: Carol Johnson  
Fax #: 423-267-3124

***Thank you for helping to build smiles for the children served by  
FACES: The National Craniofacial Association!***