



**2010 Sponsorship Form**  
**Fairfield County Event: May 11, 2010**

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

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

Contact Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Signature Contact Name \_\_\_\_\_

Date \_\_\_\_\_

**Sponsorship Program - please check one**

- Nightingale Sponsor** \$7,500
- Official Sponsor** \$5,000
- Benefactor** \$2,500
- Patron** \$1,000
- Friend** \$500

Please print name clearly for sponsorship acknowledgement as it should appear in publication.

Name: \_\_\_\_\_

Payment enclosed:    Check No. \_\_\_\_\_                      Amount \$ \_\_\_\_\_

Please submit to:  
Ridgefield Visiting Nurse Association, Inc.  
Attn: Ros Harris  
90 East Ridge  
Ridgefield, CT 06877