

2019 SYMPTOM MARKER SPONSORSHIP FORM

\$50 per symptom marker



unite@night is a collection of one-mile, casual evening walks around the country that bring together people who are living with the devastating effects of Chiari malformation, syringomyelia, EDS, and related disorders. **unite@night** will support CSF Chapters to provide education and increase awareness, while funding advocacy work and research projects that can potentially find answers to help those who are fighting these disorders.

Company/Individual Name: _____

Contact Name (if different from above): _____

Address: _____

Phone: _____

E-mail: _____

unite@night Walk Location (City and State): _____

OF SPONSORSHIPS @ \$50 EACH _____ TOTAL SPONSORSHIP \$ _____

WALKER TO RECEIVE CREDIT FOR SPONSORSHIP: _____

-----PAYMENT-----

My check made payable to CSF is enclosed.

VISA

MC

DISCOVER

AMEX

CARD NUMBER | | | | | | | | | | | | | | | | | | | | | |

EXPIRATION _____ SIGNATURE _____ SECURITY CODE _____

This is not a monetary payment, but an in-kind donation for the sponsorship marker.

Item(s) donated _____

Item(s) estimated value _____

Please do not include me in CSF mailings and email notices.

**Please mail this form and any checks to CSF, 69-39 Yellowstone Blvd. #216, Forest Hills, NY 11375
Please mail checks within two weeks of receipt. Thanks!**

If you have questions, contact Cathy Poznik at (330) 998-6195 or email cpoznik@CSFinfo.org.