

ALYSSA'S RIDE

SPONSORSHIP AGREEMENT FORM

ORGANIZATION: _____

CONTACT NAME/TITLE: _____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

I/WE AGREE TO SPONSOR ALYSSA'S RIDE FOR THE FOLLOWING DONATION ITEM(S) OR AMOUNT: _____

This agreement confirms _____ as a sponsor for Alyssa's Ride for the above donation item(s) or dollar amount. This event takes place under the direction of Remembering Alyssa, Inc. Remembering Alyssa, Inc. is a non-profit organization focusing on raising money to empower youth and adults to make a difference through education, make a hospital experience more comfortable for children, keep families with hospitalized children close to each other, and give hope through clean water to those in Uganda, Africa.

We would like to inform you that all contributions are exempt from Income Tax under Internal Revenue Code (IRC) section 501(c)(3). Donors can deduct contributions made to Remembering Alyssa, Inc. under IRC Section 170 with no goods or services provided. We very much welcome support from all types of businesses. All contributors will be promoted at our event along with all publicity associated with Alyssa's Ride.

Your company's logo will be used for promotion and recognition. A Remembering Alyssa, Inc. representative will contact you to let you know we received your contribution, request your company logo electronically, and to answer any questions you may have. This agreement is effective when signed by the sponsor and an authorized representative of Remembering Alyssa, Inc. We thank you in advance for the support from you and your company!

MAKE CHECKS PAYABLE TO REMEMBERING ALYSSA, INC. AND MAIL TO:

**REMEMBERING ALYSSA, INC.
P.O. BOX 4
EASTON, KANSAS 66020**

SIGNATURE OF SPONSOR/REPRESENTATIVE/TITLE

DATE

SIGNATURE OF REMEMBERING ALYSSA, INC. REPRESENTATIVE

DATE