



# SPONSORSHIP ORDER FORM

**PLEASE PRINT ALL INFORMATION**

Company: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Make checks payable to:**

**ReesSpecht Life Foundation • Tax ID# 46-3879296**

**- Check must be submitted with order form -**

**Quantity Cost:**

<input type="checkbox"/> 500	<input type="checkbox"/> 1K	<input type="checkbox"/> 2.5K	<input type="checkbox"/> 5K	<input type="checkbox"/> 10K	<input type="checkbox"/> 15K	<input type="checkbox"/> 20K	<input type="checkbox"/> 25K	<input type="checkbox"/> _____
\$822.25	\$1,063.75	\$1,224.75	\$1,926.25	\$2,857.75	\$3,559.25	\$4,249.25	\$4,709.25	OTHER

Authorized Name (Print): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT OF END DROWNING NOW!**

**PLEASE MAIL YOUR COMPLETED FORM WITH PAYMENT TO:**

**Make checks payable to:**

**ReesSpecht Life Foundation • Tax ID# 46-3879296**

**End Drowning Now** (formerly - LIDPTF)

**1850-H Route 112 Coram, NY 11727**

**To order 30k or more contact us by e-mail: [bobby@enddrowningnow.org](mailto:bobby@enddrowningnow.org)**



**[www.EndDrowningNow.org](http://www.EndDrowningNow.org)**