



Sponsorship Registration Form EchoTaps Tax ID Number 810550869 (501-C3)

1) Individual - I/we _____ would like to make a **TAX DEDUCTABLE** donation to the Echo Taps program in the amount of _____.

- a) I/we understand that this contribution is made simply as a donation and that your name, if desired, will be listed in the EchoTaps brochure, which will be handed out the day of the event. Please indicate approval/disapproval to list your name in the EchoTaps brochure. (circle approval or disapproval)
- b) I/we understand the EchoTaps program has the right to accept or decline individual donations.

2) Company/Organization - _____ would like to become a Partner/Sponsor of the EchoTaps program and have attached a contribution for _____.

- a) We have reviewed the Donation and Promotion Matrix on slide #12 and understand the activities associated with the amount of the contribution.
- b) We also agree to provide a Company/Organization Logo to be used where applied in accordance with your contribution.
- c) We also understand that acceptance of your contribution by the EchoTaps program does not constitute an endorsement of your product/Company/Organization by the EchoTaps program.
- d) We also understand the EchoTaps program has the right to accept or decline your contribution.

3) **Note: Electronic transfers of contributions are available upon request.**

4) Your signature indicates that you have read and understand the information provided above and on the EchoTaps Sponsorship Overview package, if provided.

Print Name: _____

Signature: _____

Company/Organizations Name: _____

Address: _____

Phone Number: _____

5) **Please mail contributions to: Leslie Hampton, Chairman Echo Taps, 3661 Hornby Road, Corning, NY 14830.**

NOTE: For additional information contact Wes Jones at wjones@cem.va.gov or by phone at 607-664-4806 or Les Hampton at www.echotaps.org or by phone at 607-937-5619.