



abiding Care

Room Sponsorship Form

Name(s): _____ Date: _____

Organization/Team Name: _____

Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Room Sponsorship Options: (Please put an X next to your selection)

Meeting room #1 _____ Play room #1 _____ Baby Boutique _____

Meeting room #2 _____ Play room#2 _____ Conference/Training room _____

There may be more than one sponsor per room

Amount of Donation: (minimum donation of \$500 per room) \$ _____

Paid by: Check# _____ CC _____ Cash _____

Room Sponsorship Sign Info: (name to be used on sign in the room)

Room Sponsored by:

In Memory/Honor/or Celebration of:

(circle your choice and put name or N/A below)

Please return this form to Abiding Care PRC 220 N. Main St. Medford WI 54451

Call 715-748-1235 or email director@abidingcarecenter.org with questions.