



Sponsorship & Advertising Agreement

YES! Count us in as a Ride 4 Smiles sponsor at the _____ Sponsorship Level.

YES! I want to advertise in the program with a _____ size ad.

Name _____ Referred by: _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

We are unable to sponsor or advertise, but please accept our tax-deductible donation of
\$ _____ or gift of _____.

Enclosed is my check in the amount of \$ _____ made payable to FACES.

Credit Card Payment: Please charge \$ _____ to:

Visa Mastercard American Express

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card _____

Signature _____

Mail to:

FACES Ride 4 Smiles
P O Box 11082
Chattanooga, TN 37401

Online:

www.Ride4Smiles.org

or Fax to:

FACES Ride 4 Smiles
ATTN: Stephanie
Fax #: 423-267-3124

***Thank you for helping to build smiles for the children served by
FACES: The National Craniofacial Association!***