

**COMPANY NAME** (as it should appear on all promotional materials) Note: Unless specified otherwise, sponsor's name may be used for promotional purposes related to this event

Contact Name	Ti	itle
Address		
City	State	Zip
Phone	Alt. Phone	
Payment Method: Cash C	heck/Money Order Credit C	Card Online Option Available @ www.GiveToPmc.org/ColorsofCourage
Name on Card	Card Type	9
Credit Card Number	Expiratior	n CID Code
CHECKS SHOULD BE MADE PAYABLE TO: PMC FOUNDATION FOR QUALITY HEALTH MAIL TO: PIKEVILLE MEDICAL CENTER PUBLIC RELATIONS DEPARTMENT • ATTN PO BOX 2515 • PIKEVILLE, KY 41502 For more infe	ICARE, INC.	SCAN THIS CODE TO ACCESS THE SECURE ONLINE SPONSORSHIP FORM