

## Hispanic Health Council Sponsorship Pledge/Gift Form

Yes, we will become a sponsor of the Hispanic Health Council at the following level:

_____ Heritage	<b>\$20,000</b>
_____ Presidente	<b>\$10,000</b>
_____ Campeón	<b>\$2,500</b>
_____ Compadre	<b>\$1,000</b>
_____ Amigo	<b>\$ _____</b>

Thank you for your support of the Hispanic Health Council. Benefits begin upon receipt of this pledge form by the Hispanic Health Council.

Sponsorships shall be used to fund various programs and organizational operations at the discretion of the Board and staff. Individual gifts may be restricted to specific programs. If you are an individual donor and this is your desire, please identify the program(s).

Family Wellness and Prevention Services: \_\_\_\_\_

Youth Services: \_\_\_\_\_

Nutrition Services: \_\_\_\_\_

Behavioral Health/HIV Services: \_\_\_\_\_

**Contact information:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

Thank you for your sponsorship or gift. All gifts are tax-deductible to the fullest extent of the law. Hispanic Health Council is a 501(c)(3) nonprofit organization.

**Please return this form to:**

**Teresita Marquez**

Hispanic Health Council

175 Main Street

Hartford, CT 06106

1.860.527.0856 Ext. 1300

[teresitama@hispanichealthcouncil.org](mailto:teresitama@hispanichealthcouncil.org)