



August 17-20 2007 at Skydive Kapowsin

Our Mission is raise funds for medical research to help find a cure for LUPUS

SPONSOR AGREEMENT FORM

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone _____

Please Check:

Event Sponsor w/ Booth 20% donation to Leap for Lupus

Contributor

Flat Donation _____

Agreement Details:

Please make checks payable to: Leap for LUPUS Foundation

Make a copy of this agreement for your file then mail or email original to:

Email: info@leapforlupus.org

Mail to: Leap for Lupus Foundation
Attn: Lysa Adams
P.O. Box 6858
Silverdale, WA, 98315
(360)-620 3369

All Corporate Sponsors will receive a picture of the record skydive with their logo imprinted on it suitable for hanging.

Signature: _____ Date: _____