Power OF Partnership

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NEIGHBORHEALTH PARTNERSHIP BREAKFAST
2026 SPONSORSHIP PLEDGE FORM

CONTACT INFO

Business Name: _____
(as you would like listed in publications)
Contact Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Email: _____
Sponsorship Level/Amount: _____
(Presenting - $20,000; Trailblazer- $10,000; Champion - $5,000; Advocate - $2,500; Supporter - $1,000)
Signature of authorized representative: _____
Print Name: _____
Date: _____

METHOD OF PAYMENT

CHECK: Please mail your check, along with this form, to NeighborHealth, 2605 Blue Ridge Rd, Suite 240, Raleigh, NC 27607
Credit Card Info: **please process my credit card using the following info**:
Name on Card: _____
Card Address: _____
ACCT #: _____
Exp: _____ CVV Code: _____ Zip Code: _____
_____ I would like to cover the payment processing fee of approximately 3.5% so 100% of the donation goes to NeighborHealth Center.

For information contact Darlene Fiscus
Director of Development at 984-422-8015 or
dfiscus@neighborhealthcenter.org

Scan code for online credit card payments