



Autism Society
of North Carolina

Virtual Run/Walk for Autism

Sponsorship Registration

Company Name: _____

Facebook or Instagram Page: _____

Contact Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Email: _____

Date: _____

Indicate your company's level of sponsorship

(Please refer to sponsorship level information.)

Level: _____

Which event are you supporting? *(circle one)*

Wilmington | Beaufort | Greenville/Winterville

Cash contribution: \$ _____

In-kind value: \$ _____

Specifics of in-kind donations: *(Please be as exact as possible about the value)* _____

Payment Type: *(For your convenience, you can also pay online at www.runwalkforautism.com. Select "Be a Sponsor.")*

Check enclosed, made payable to Autism Society of North Carolina

Visa MasterCard American Express Discover *(please circle one)*

Credit Card Number: _____

Expiration Date: _____

CV Code: _____

Signature: _____

For sponsors receiving logo placement on promotional materials, please email your logo in vector format (EPS or PDF) to emabry@autismsociety-nc.org.

Questions? Contact:

Erin Mabry
emabry@autismsociety-nc.org
910-782-3499 x1668

Mail registration form to:
Autism Society of North Carolina
Virtual Run/Walk for Autism
705 S. Kerr Avenue
Wilmington, NC 28403