



ICEE Machine Sponsorship Application

Name

Company/Organization

Address

City/State Zip Code

Email address

Phone number Fax Number

Number of machines you wish to sponsor _____

Hospitals/Cities you are requesting the Machine(s) to support. *(Angel 34 will do it's best to secure these location(s), but due to hospital logistics, some hospitals may not be able to be secured per your request. In such cases, the machines will be placed in the closest medical facility to your request.)*

_____ 1 year sponsorship of newly placed machine @ \$ 10,000. per machine

_____ renewal sponsorship @ \$ 5,200. per year, per machine

_____ 1 Year _____ 2 Years _____ 3 Years _____ 5 Years
Length Of Sponsorship Support

_____ Check _____ PayPal _____ Credit Card
Payment Method

Credit Card Number

Name as it appears on Credit Card

Type of Card (Visa, MC, Am Ex, Discover)

Security Code on back of card

Expiration Date

Billing Address of Card

In Honor Of / In Memoriam Of

Signature, your position

Date

NOTE: APPLICATIONS SHOULD BE RETURNED TO ANGLE34 AS SOON AS POSSIBLE VIA E-MAIL SCAN OR FIRST CLASS MAIL.

Email: EBashara@Angel34.org

Elizabeth Bashara
Angel 34
6032 Bent Creek Trail
Dallas, Texas 75252

An Angel34 representative will be contacting you within 3 working days to discuss your interests.

Thank you for your support!



★Children's Hospitals/Treatment Centers Currently Waiting for Machine Sponsors

Seattle, Washington
Las Vegas, Nevada
Long Beach, California
Memphis, Tennessee

Georgetown University Children's Hospital
University of Maryland Children's Hospital
Jacksonville, Florida

*These locations are as of 2011, although new requests can be received several times a month.