



PROVIDER SPONSORSHIP AGREEMENT FORM

YES! My company would like to become a P2P Provider Sponsor*. Our organization wants to help support families impacted by special needs in Georgia:

Current Levels of Sponsorship: (Check one)

_____ **Premiere (12 month) Rate \$500**

_____ **Regular (12 month) Rate \$250**

Business Name _____

Address _____

City, State, Zip _____

Primary Contact _____

Email _____

Phone _____

For Premiere level sponsors only: Please provide the preferred website and/or Facebook address (hyperlink) to link to www.p2pga.org. (We can only list one or the other, not both.)

*[To qualify, your organization must already be listed in our *free* Provider Database. Sponsorship rates are for 12 months from the date of sign-on and there is no pro-rated fee for less than 12 months. Your P2P Provider Sponsorship will not become active until payment has been received. Please allow up to one week for processing. Credit card payments are accepted via our DONATE NOW button at www.p2pga.org Your cancelled check is your receipt. All donations are tax-deductible to the extent allowed by law.]

Parent to Parent of Georgia * 3070 Presidential Parkway, Suite 130 * Atlanta, Georgia * 30340