2026 SYMPTOM MARKER SPONSORSHIP FORM

$50 per symptom marker

Your company or family name on an 8.5" x 11" sign posted at your event

unite4answers *is a collection of fundraising events around the country to help fund medical research and education programs that foster better answers. These events bring together people who are living with the devastating effects of Chiari malformation (CM), syringomyelia (SM), Ehlers-Danlos Syndrome (EDS), dysautonomia, and related disorders.*

Company/Individual Name: _____

Contact Name (if different from above)**:** _____

Street Address: _____

City: _____ **State** _____ **Zip** _____

Phone: _____ **E-mail:** _____

Event Location (City and State): _____

 # OF SPONSORSHIPS @ $50 EACH _____ **TOTAL SPONSORSHIP $** _____

WALKER TO RECEIVE CREDIT FOR SPONSORSHIP: _____

----------**PAYMENT**----------

☐ **My check, made payable to Bobby Jones CSF, is enclosed.**

I would like to pay by credit card: ___ VISA ___ MasterCard ___ Discover ___ American Express

CARD NUMBER |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

EXPIRATION _____ SIGNATURE SECURITY CODE _____

☐ This is not a monetary payment, but an in-kind donation, for the sponsorship marker.
Item(s) donated _____
Item(s) estimated value $ _____

☐ Please do not include me in Bobby Jones CSF mailings and email notices.

Please mail this form, along with any checks, within two weeks, to:
Bobby Jones CSF, 69-39 Yellowstone Blvd. #216, Forest Hills, NY 11375

If you have questions, contact Cathy Poznik at (330) 573-5560 or email cpoznik@bobbyjonescsf.org.

Bobby Jones CSF is a 501(c)(3) non-profit organization – EIN #26-1316274