



Sponsor/Donation Form

Company Name:

Name:

Address:

Contact Phone:

Contact Email:

Donor/Sponsorship Information

\$50

EDS Wellness Partner- \$1,000

\$100

Future of EDS Wellness Partner - \$2,500

\$250

\$500

\$1,000

\$2,500

Donation of Goods or Services

Please Describe Goods or Services:

Value of Goods or Services:

Payment Information

Cash

Make Checks

Check

Payable to:



EDS Wellness

Amount:

Return this form to:

Kendra Neilsen Myles
Kendra@EDSWellness.org
7717 Maryknoll Ct.
Bethesda, MD 20817

**Questions? Contact Kendra Neilsen Myles
Kendra@EDSWellness.org or
by phone (240) 687-7791**