

ANTHEM HEALTH EXPO SPONSOR FORM

Date: _____

This fund is to be donated to:

1. We Care at Anthem, a non-profit childrens program
2. Boulder Creek High School Special program

From:

Company name: _____

Representative: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: _____

The following item(s):

Check # _____ Value at \$: _____

Please make your check payable to the name you donate to and send this donation form with your check to:

Anthem Health Expo
42014 N. Venture Dr. Ste. D 105
Anthem, AZ 85086

Thank you for your support!
Dr. Chen