



GIFT of LIFE
Howie's House

SPONSOR-A-ROOM PROGRAM

2024 Sponsorship Commitment Form

Date: _____

Name(s): _____

Organization/Team Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Room Sponsorship Options: (First come first serve basis.)

- | | | | |
|----------------------------------|-----------------------------------|-------------------------------|-----------------------------------|
| <input type="radio"/> Guest Room | <input type="radio"/> Living Room | <input type="radio"/> Kitchen | <input type="radio"/> Dining Room |
| _1 Year/\$5,000 | _1 Year/\$10,000 | _1 Year/\$10,000 | _1 Year/\$10,000 |
| _2 Years/\$10,000 | _2 Years/\$20,000 | _2 Years/\$20,000 | _2 Years/\$20,000 |
| _3 Years/\$15,000 | _3 Years/\$30,000 | _3 Years/\$30,000 | _3 Years/\$30,000 |

Payment Options:

I/We included a check for the total amount of \$_____ (payable to: Gift of Life Howie's House) **-or-**

I/We will pledge the amount (minimum of \$5,000 for guest room or \$10,000 for common room must be paid per year by 12/31):

- Total Pledge Commitment: \$_____ Payment enclosed: \$_____ Balance Due: \$_____
- Period of Years: __ years (up to 3 calendar years) Year Commencing: 2024
- I/We will make payments: __ annually __ bi-annually. Please specify date of first/next payment: _____

Room Sponsorship Sign: (name used on signage associated with the room, 25 character spaces per line only)

Room Sponsored by:

In memory of / In honor of / In celebration of: *(Circle one or put n/a)*

USE SAME
SIGNAGE FROM
PREVIOUS YEAR

Room sponsorship timeframe is calendar year January – December. Commitment forms must be received by December 31.
For questions, current room availability or additional common room sponsorship opportunities, please contact us at 267-546-9800

Please return form to: Miranda Porter, Development Associate | Gift of Life Howie's House | 401 Callowhill Street | Philadelphia, PA 19123

The official registration and financial information of Transplant House d/b/a Gift of Life Family House may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.



Authorization and Release

We would like to share your name in our materials to recognize your generosity – and to do so accurately.

I authorize Transplant House d/b/a Gift of Life Howie's House and its affiliates, Gift of Life Donor Program, and the Transplant Foundation to use, disclose and publish my/our name(s) for the purposes of advancing the mission, development, and promoting organ and tissue donation.

Yes! My/Our name may be published as: _____

____ No, we prefer that our name not be published

First Name: _____ Last Name: _____

Signature: _____ Date: _____