



GIFT of LIFE  
Howie's House

## SPONSOR-A-ROOM PROGRAM

### 2026 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: 2025
- 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: \_\_\_\_\_