



SPONSORSHIP FORM

Please consider donating to our organization that aims to channel a sick child's mental and physical energy into a rewarding and stimulating existence; by sending them to camps throughout Pennsylvania, New Jersey, and the Delaware Valley.

- | | | |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | CHAMPION | \$5000 |
| | Your name or corporate, union, affiliate, association or federation name will be listed in the LifeKnocks Film Documentary Credits | |
| <input type="checkbox"/> | HEAVYWEIGHT | \$2,500 |
| <input type="checkbox"/> | CHALLENGER | \$1,500 |
| <input type="checkbox"/> | CONTENDER | \$1,000 |
| <input type="checkbox"/> | PROMOTER | \$500 |
| <input type="checkbox"/> | SUPPORTER | \$100 |
| <input type="checkbox"/> | FRIEND (Other) | \$ _____ |

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- Enclosed is a check or money order made payable to **LifeKnocks, Inc.** in the amount indicated above. LifeKnocks is a Pennsylvania 501(c)3 non-profit corporation. Your gift is tax deductible as allowed by law. You will receive documentation of your donation.

Contact Name: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

LifeKnocks Organization
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