



GIFT of LIFE
Family House

SPONSOR-A-ROOM PROGRAM

2022 Sponsorship Commitment Form

Date: _____

Name: _____

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 Family 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)
- 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)

Room sponsorship timeframe is calendar year January – December 2022. Commitment forms must be received by December 31, 2021. For questions, current room availability or additional common room sponsorship opportunities, please contact us at 267-546-9800

Please return form to: Genevieve Grabowy, Development Associate | Gift of Life Family 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 Family 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____ No, we prefer that our name not be published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: _____