



DUE JUNE 1, 2017

SPONSORSHIP FORM

This form is to be completed by anyone sponsoring **all or part** of a camper's fee.
The total camp fee is \$1,400.00.

Please note: Separate donations to sponsor other campers are always welcome. Please use another copy of this form to sponsor additional campers.

Sponsor (agency, organization, relative or friend) should complete this form and mail it with their contribution by June 1 to:

**American Diabetes Association Attn: Jennifer Putnam
260 Cochituate Rd. Ste 200
Framingham, MA 01701**

Sponsor's Name: _____

Contact Person (if an agency/organization): _____

Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

The above named will provide campership assistance for:

_____ Camper's Name

In the amount of: \$ _____

Due by June 1

CAMP CAREFREE is a program of the American Diabetes Association. For accounting purposes, our federal non-profit tax ID number is 13-1623888

This form may be copied as needed