

# ***Continuity of Care***

## ***Website Sponsor Application 2019***

Date of Application: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City / ST / Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Website Address: \_\_\_\_\_

Email Company Logo (JPEG format) to: [info@continuityofcare.org](mailto:info@continuityofcare.org)

\_\_\_\_\_ Website Sponsorship & Quarterly Facebook plug: \$150 (12 months)

**Please make checks payable to:** Continuity of Care Fort Worth

**Mailing Address:** P.O. Box 470991 – Fort Worth, TX 76147

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Date Received: \_\_\_\_\_

Cash: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Check#: \_\_\_\_\_

Card#: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_