

Podiatry Foundation of Pittsburgh

Sponsorship Application

Date of Application

Legal Name of Organization Applying

Year Founded

Current Annual Operating Budget

Contact Person

Address

Mailing Address, if different than above

City

State

Zip

Phone

Fax

Project Name

Sponsorship Type: Funds Representatives & Screenings at Your Event Literature for distribution

Purpose of Sponsorship (one sentence)

Beginning and Ending Dates of the Project/Campaign

If funds, Amount Requested

Total Project Cost

Geographic Area Served

Signature of Contact Person

Date

Please complete this form and mail it to:

Podiatry Foundation of Pittsburgh

c/o Nigro Ankle and Foot Care

1601 Union Ave. Suite B

Natrona Heights PA 15690

phone: 724-226-0544

fax: 724-226-2172