

SPONSOR

Furnish the New HQ of the SVVA

Name: _____

Address: _____

Contact Person: _____

Phone: _____

Email: _____

Please indicate your level of sponsorship:

Bench with Name Plate (\$2500)*

**Please email or call to check on availability. NewHQ@villageems.org or 631-287-0558*

Paramedics (\$10,000 and up)

\$ Amount: _____

EMTs (\$5,000)

\$ Amount: _____

Helpers (\$1,000)

\$ Amount: _____

Responders (\$500)

\$ Amount: _____

Room naming opportunities are also available.

Please email or call to inquire. NewHQ@villageems.org or 631-287-0558.

*Mail sponsor form & payment method to: **PO Box 832, Southampton, NY 11969***

Please select your payment method

A check enclosed for \$ _____

Payable to SVVA

Please charge \$ _____

American Express

MasterCard

Visa

Card # _____ Exp. _____

Signature _____ Sec. Code _____

Logo Artwork / Requirements:

Please send company logo via email to: squarty@villageems.org or deliver on USB drive to: Lucia's Angels, 10 Oak Street, Southampton, NY 11968. **DEADLINE: Tuesday, July 29, 2019**

Logo format: Vector File or High Resolution EPS, TIFF, or JPEG. Questions regarding logo artwork? Please email or call Stacy: squarty@villageems.org or 631-204-9331.

The Southampton Village Volunteer Emergency Ambulance Services Inc. is a 501(c)(3) tax-exempt organization.
Tax ID#: 11-3151199

Thank you for your support!