



Please complete and return this form no later than March 18th via mail or email to:

Valley Fever Institute  
900 Truxtun Avenue, Suite 330  
Bakersfield, CA 93301

Phone: (661) 331-0080




Rob.Purdie@KernMedical.com

Make Checks payable to:  
Valley Fever Institute

Please email camera ready artwork to Micaela.Albiar@KernMedical.com no later than March 18th.

# SPONSORSHIP COMMITMENT FORM

*Thank you for your support*

Level	Amount	Selection
The Knockout 	\$15,000	<input type="checkbox"/>
The Champion	\$10,000	<input type="checkbox"/>
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The Cross 	\$5,500	<input type="checkbox"/>
The Hook	\$5,000	<input type="checkbox"/>
The Featherweight 	\$4,500	<input type="checkbox"/>
The Uppercut	\$3,000	<input type="checkbox"/>
The Middleweight 	\$2,500	<input type="checkbox"/>
The Welterweight	\$1,000	<input type="checkbox"/>
The Jab	\$250	<input type="checkbox"/>

**Please fill out the form below:**

Business/Company/Individual Name:

\_\_\_\_\_  
(Exactly as it should appear on promotional materials)

Contact Name:

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Please Charge My:    Visa    MasterCard    AMEX    Discover

Cardholder Name: \_\_\_\_\_

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\* If paying by check, make checks payable to: **Kern Medical Foundation**