



# Sponsorship Registration

**Yes! I would like to support the Second Chance Medical Fund**

**Contact Name**

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**Organization Name**

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**Address**

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**City, State, Zip**

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**Phone Number**

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**Email**

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☐ **Title Sponsor \$10,000**

☐ **Silver Sponsor \$1000**

☐ **Platinum Sponsor \$5000**

☐ **Bronze Sponsor \$500**

☐ **Gold Sponsor \$2500**

**Ways to pay: check or online**



**Check made payable to:** Nassau Humane Society  
Mail to: 639 Airport Road, Fernandina Beach, FL 32034



**NASSAU HUMANE SOCIETY**

**SCAN ME**

