

Welcome to the Fans Across America[®] Charitable Foundation. Our success in bringing hope, opportunity and support to families with seriously ill children is dependent upon partnering with organizations like yours to deliver valuable promotions and discounts to our members.

Working with Fans Across America, your organization has the unique opportunity to:

- Generates revenue
- Positively associate your organization with a good cause in which people can relate
- Reach the targeted audience of sports fans, entertainment fans and families
- Heighten awareness
- Find new customers and build existing relationships
- Advertise free to our community members

Fans Across America is the ultimate cause-related marketing opportunity.

Discount Details

Your organization name will be added to the *Promotions & Discount* section on the Fans Across America web site and a username and password will be assigned. You will then add your promotion/discount to the site and have the ability to modify it at any time. This agreement will stay in effect until either party notifies the other of cancellation of participation in writing.

Also, we ask that you please consider making an optional tax-deductible contribution to the Fans Across America Charitable Foundation by completing the credit card information below.

Should you have any questions, please do not hesitate to contact Fans Across America at (602) 230-4333 or bpetillo@fansacrossamerica.org.

Thank you for your generous support, and we look forward to making this the beginning of a long-term partnership to bring hope, opportunity and support to families with seriously ill children.

Please complete the form and either fax or mail to:

Fans Across America Charitable Foundation
23844 S. Power Rd., Suite 102-188
Queen Creek, AZ 85242
Fax: (602) 230-4301

Company: _____

Name: _____ Phone: _____

Title: _____ Email: _____

Signature: _____ Date: _____

Please complete the credit card section below if you are making a tax-deductible contribution to Fans Across America to help families with seriously ill children.

Contribution amount: \$ _____ Circle Card Type: Visa MasterCard Amex Discover

Credit Card Account Number: _____

Expiration Date (MM/YY): _____