



Idaho Spina Bifida  
PO Box 191251  
Boise, ID 83719-1251  
idahospinabifida@gmail.com  
www.idahospinabifida.org

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Dear Potential Sponsors:

Idaho Spina Bifida is a charity organized for the purpose of supporting and educating families and individuals in Idaho who are affected by spina bifida. We need your help for 2020!

Our sponsors and donors fund the services Idaho Spina Bifida provides. Support services include reaching out to parents of newly diagnosed children, giving new family gift bags to families with a new birth or adoption, bringing care packages to individuals and families in the hospital, providing monthly snack and activity bags to patients on extended clinic appointment days, hosting group events to help foster our community of local support and educating the public to promote awareness.

Please consider sponsoring our efforts to continue these services in Idaho. We are very grateful to our sponsors and thank them every chance we get! Sponsorship benefits are listed on the attached sponsorship form.

Please mail the attached sponsorship form to Idaho Spina Bifida, PO Box 191251, Boise, ID 83719-1251, along with a check payable to "Idaho Spina Bifida". If you have any questions regarding sponsorship, please e-mail us at [idahospinabifida@gmail.com](mailto:idahospinabifida@gmail.com) or call Amanda Werth at 208-412-7323.

Thank you for your support!

Sincerely,

Idaho Spina Bifida:  
Emily Petersen, President  
Briana Elison, Vice President  
Amanda Werth, Treasurer  
Brittney Beeson, Secretary  
Carly Saxe, Board Member



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## 2020 ANNUAL SPONSORSHIP FORM

Please select how you can support Idaho Spina Bifida:

<input type="checkbox"/> <b>Sponsorship</b>	<b>\$ 300</b>
<ul style="list-style-type: none"><li>- Sponsor's name printed on spina bifida clinic care bag information inserts or labels</li><li>- Sponsor's name displayed at large events (sponsor may provide own banner)</li><li>- Sponsor's name listed on any newsletters published (volunteer support pending)</li></ul>	
<input type="checkbox"/> <b>Donation</b>	\$ _____

Sponsor/Donor/Business Name \_\_\_\_\_

Address \_\_\_\_\_

Website \_\_\_\_\_

Contact Person \_\_\_\_\_ Date \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Please make your check payable to "Idaho Spina Bifida" and mail it with a copy of this form.

**Thank you for your support!** Idaho Spina Bifida, Inc. is a qualified 501(c)(3) charity organization, and contributions are deductible for income tax purposes to the extent allowed by law.