



EMORY | SCHOOL OF MEDICINE

RARE DISEASE DAY 2025 SPONSORSHIP PLEDGE FORM

Wednesday February 28th, 2024

Company: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Submitted by/Contact Person: _____

Email: _____ Phone: _____

Thank you for supporting Rare Disease Day 2025! Please select one of the following:

- \$5,000 Table** (up to 4 total for all locations)
 - Complimentary 6' x 30" tabletop exhibit space
 - Logo on table signage
 - Acknowledgment during the event
 - Logo on digital signage at the event
 - Informational handouts for participants

- \$2,000 Table** (up to 4 total for all locations)
 - Complimentary 6' x 30" tabletop exhibit space
 - Logo on table signage
 - Acknowledgment during the event

Please return this completed pledge form to rossana.sanchez@emory.edu by February 21st to allow time for processing and printing.

Please send or drop off all table materials to this address: Attn: Rossana Sanchez, 1365 Clifton Rd NE, Building B, Suite 2200, Atlanta GA 30322

PAYMENT INSTRUCTIONS - *Wire and ACH Transfer*

Bank Name: Wells Fargo Bank N.A.
420 Montgomery Street, San Francisco, CA 94104
Domestic ABA: 121-000-248
International SWIFT: WFBUS6S (use only for international transfers)
Account Name: Emory University Donor Account
Account Number: 2000132497466
Reference: D0000028026 - Rare Disease Center

Questions? Please contact ocfr@emory.edu