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PO Box 1448
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2018 CFMC Family Fun Day Sponsorship Registration Form

DATE: August 15, 2018

LOCATION: Caswell Family Medical Center

(Please print all information)

Company/Organization: _____

Primary Contact: _____ Title: _____

Email: _____ Phone: _____

Address: _____

City/State/Zip: _____

Method of Payment:

Check Enclosed: \$ _____ Please Charge My Credit Card \$ _____

Card Number: _____ Exp. Date: ___/___/___ CVV #: _____

Signature: _____

Please submit completed sponsorship form and payment prior to August 1st, 2018 in order to receive full sponsorship benefits.

Mail to:

Caswell Family Medical Center

c/o Ryan Millner

439 US Hwy 158 West

Yanceyville, NC 27379