

2019-2020 SPONSOR CONFIRMATION

Thank you for your interest in becoming a Partner in Healthcare Philanthropy with The Foundation for Marshall Medical Centers! Your support benefits the life-saving work done at Marshall Medical Centers every day. Please fill out the following form and return with your payment to the address below.

Organization _____

Contact Person _____

Address _____ City, State, Zip _____

Email _____

Website: _____

Telephone _____ Fax _____

PARTNERSHIP OPPORTUNITIES

Multi-Event Sponsor 2019-2020 (see page 13 for details)

- Presenting (\$22,000) Platinum (\$16,000) Gold (\$9,500) Silver (\$4,750) Bronze (\$2,500)
 I would like to pay in quarterly installments on Sept. 1, Dec. 1, 2019 and March 1, June 1, 2020.

Individual Event Sponsor (see page 14-15 for details)

Fifth Annual Women's Healthcare Luncheon

- Presenting (\$2,500) Platinum (\$1,500) Gold (\$1,000) Silver (\$500) Bronze (\$250)

Tenth Annual Pink Pumpkin Run

- Presenting (\$5,000) Platinum (\$2,500) Gold (\$1,000) Silver (\$500) Bronze (\$250)

Sixth Annual Winter Ball

- Presenting (\$10,000) Platinum (\$7,500) Gold (\$5,000) Silver (\$2,500) Bronze (\$1,500)
 Patron Party (\$3,000) Auction Donation Item: _____ FMV: \$ _____

Third Annual Sporting Clays Classic

- Presenting (\$7,500) Platinum (\$5,000) Gold (\$3,000) Silver (\$1,500) Bronze (\$750)
 Snack Cart Sponsor (\$400) Auction Donation Item: _____ FMV: \$ _____

- I would like to waive all sponsorship benefits and become a member of the **CEO Circle** with an outright donation of: \$5,000 \$2,500 \$1,000 Other amount: \$ _____

Method of Payment: Please invoice me Check enclosed made payable to "The Foundation for MMC"

Credit card: AMEX Discover Mastercard VISA / Card Number _____

CVV Code: _____ Expiration _____ Name on card _____ Signature: _____

I understand and agree to abide by the rules, deadlines and marketing requirements of the Foundation for Marshall Medical Centers as communicated in this packet. I understand that all benefits will begin with a signed commitment, and thus my signature reflects a binding contract and holds my company or myself accountable for all fees agreed upon within this proposal. I also understand that sponsorships are subject to approval by the Foundation for Marshall Medical Centers which reserves the right to refuse any sponsorship deemed inappropriate or unsuitable to the advancement of the mission and objectives of the health system.

Contact Name

Signature on behalf of organization (required)

Date (required)



2320 Homer Clayton Drive | Guntersville, AL 35976 | Phone: (256) 571-8026
Fax: (256) 571-3462 | foundation@mmcenters.com | foundationformmc.org