

2021 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 2021 (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 March 1, June 1, Sept. 1, Dec. 1, 2021

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

Women's Healthcare Luncheon

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

Pink Pumpkin Run

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

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: \$ _____

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. The Foundation for Marshall Medical Centers reserves the right to cancel an event due to any circumstances which would make the event non-viable. If an event is canceled or postponed, sponsors will have the option to either transfer registration to the same event at the future date or allow the sponsorship to be donated to the Foundation for Marshall Medical Centers. If an event is canceled, sponsors will be informed via email.

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