

23rd Annual Spring Luncheon Thursday, April 23, 2020

Mary Health of the Sick, Skilled Nursing Facility Sponsor Form

Name

Title

Address

Company

Telephone

E-mail

Sponsorship Levels

- Diamond** **\$5,000***
- ❖ Name on Luncheon ad materials
 - ❖ Large logo on our website
 - ❖ Facebook Sponsor recognition
 - ❖ Recognition & Photo with Sisters at Luncheon
 - ❖ Table for ten (10) at luncheon
 - ❖ Extra large logo in Luncheon Program
***\$4,590.Tax Deductible**

- Ruby** **\$2,500***
- ❖ Name on Luncheon ad materials
 - ❖ Medium logo on our website
 - ❖ Facebook Sponsor recognition
 - ❖ Recognition & Photo with Sisters at Luncheon
 - ❖ Five (5) Guests at Luncheon
 - ❖ Large logo in Luncheon Program
***\$2,295.Tax Deductible**

- Sapphire** **\$1,000***
- ❖ Name on Luncheon ad materials
 - ❖ Name on our website and Facebook
 - ❖ Recognition at Luncheon
 - ❖ Three (3) guests at Luncheon
 - ❖ Medium logo in Luncheon Program
***\$877.Tax Deductible**

- Emerald** **\$500***
- ❖ Name on Luncheon ad materials
 - ❖ Name on our website
 - ❖ Recognition at Luncheon
 - ❖ Two (2) guest at Luncheon
 - ❖ Small logo in Luncheon Program
\$418.Tax Deductible

- Pearl** **\$250**
- ❖ Name on Luncheon ad materials
 - ❖ Recognition at Luncheon
 - ❖ Named in Luncheon Program
\$250.Tax Deductible

Payment Options

Mail Check: Please make payable to Mary Health of the Sick Convalescent and Nursing Hospital.

Email or Mail Credit Card: Type of Credit Card: Visa MasterCard AmEx

Name of Credit Card Holder: _____

Credit Card Number: _____

Amount Charged to Credit Card: _____ Expiration Date: _____

CVC Code (3-Digit Code, Back of Card) _____

Signature of Card Holder: _____

We are grateful for your caring support!