



# 2018 SPONSORSHIP AGREEMENT

## Contact Information

Name/Title: \_\_\_\_\_

Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

How would you like to be listed on sponsorship materials?

## Sponsorship Selection

### Golf Tournament

May 11, 2018

- \$10,000 Presenting
- \$5,000 Dinner
- \$2,500 Entertainment
- \$2,000 Hole & Team
- \$1,000 Hole
- \$750 Food & Beverage
- \$500 Awards

### Sip & Sail Gala

September 15, 2018

- \$5,000 Presenting
- \$2,500 Premier
- \$2,000 Corporate
- \$1,500 Table
- \$1,000 Supporting
- \$500 Auction

### Ladies Night

October 4, 2018

- \$2,500 Presenting
- \$1,500 Dinner
- \$1,000 Entertainment
- \$750 Gift Bag
- \$500 Dessert
- \$250 Table

### 5k Fun Run & Walk

October 13, 2018

- \$1,000 Presenting
- \$500 Rest Stop
- \$100 T-shirt

### Wellness Fair

October 13, 2018

- \$5,000 Presenting
- \$2,500 Entertainment
- \$500 Corporate

Sponsorship Total \$ \_\_\_\_\_

## Payment Options

\$ \_\_\_\_\_ Check Enclosed

Please Invoice:  One-Time  Quarterly  Monthly  Prior to Selected Event

Please Bill My Credit Card

Credit Card Type:  Visa  Master Card  American Express

Name on Card: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete and return to Summit Pacific Medical Foundation  
600 East Main Street, Elma, WA 98541 | Email to [Laurend@sp-mc.org](mailto:Laurend@sp-mc.org) | or FAX to 360-346-2157

**Thank you for your sponsorship and support!**