



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 | or FAX to 360-346-2157

Thank you for your sponsorship and support!