

2024 SPONSORSHIP AGREEMENT



Contact Information

Name/Title: _____ Organization: _____

Phone: _____ Email: _____

Address: _____ City, State, Zip: _____

How would you like to be named on sponsorship materials? _____

Sponsorship Selection

Golf Tournament

May 10, 2024

- \$10,000 Presenting
- \$5,000 Executive Cup
- \$3,000 Corporate
- \$2,500 Hole w/Team
- \$1,500 Supporting

Ride the Harbor

August, 2024

- \$12,000 Presenting
- \$7,500 Start/Finish
- \$5,000 Food Pavilion
- \$3,000 Corporate
- \$1,000 Supporting

Wellness Fair

September 14, 2024

- \$5,000 Presenting
- \$2,500 Corporate
- \$1,500 Gift Bag

5k Fun Run & Walk

September 14, 2024

- \$5,000 Presenting
- \$3,000 Medal
- \$2,000 Gift Bag
- \$1,000 T-shirt

Ladies Night

October 10, 2024

- \$5,000 Presenting
- \$3,500 Corporate
- \$2,000 Gift Bag
- \$1,000 Supporting

Harbor Lights

Dec. 11 & 12, 2024

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

Summit Fights Hunger

Dec. 18 & 19, 2024

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

Sponsorship Total \$ _____

Agreement Signature _____

Payment Options

Pay by Check \$ _____ Check Enclosed Please Invoice: One-Time Monthly One Month Prior to Selected Event

Please Bill My Credit Card: Visa Master Card American Express

Name on Card: _____ Billing Zip: _____

Card Number: _____ CVV Code: _____ Exp. Date: _____

Payment Signature: _____

Please remit to Summit Pacific Medical Foundation: 600 East Main Street, Elma, WA 98541 | foundation@sp-mc.org | 360.346.2250

Thank you for your sponsorship and support!