

# *Sponsorship Reservation*

Sponsor Company Name (as it should appear on printed materials)

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Contact Name:

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Address:

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City / State / Zip Code:

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

## *Sponsorship Level*

\_\_\_\_\_ \$15,000 – Diamond

\_\_\_\_\_ \$7,500 – Ruby

\_\_\_\_\_ \$10,000 – Sapphire

\_\_\_\_\_ \$2,500 – Emerald

\_\_\_\_\_ I / We are unable to attend. Please consider our entire sponsorship to be a 1 00% tax deductible donation, waiving any tangible benefits provided.

## *Payment Information*

\_\_\_\_\_ Check enclosed made payable to “UHC Auxiliary”

\_\_\_\_\_ Invoice me at the address noted above.

\_\_\_\_\_ Contact me for credit card information at: \_\_\_\_\_.

*Please mail this form along with payment to:*

Holly Ball 2020  
Auxiliary to United Hospital Center  
327 Medical Park Drive  
Bridgeport, WV 26330