

2019 Women of Grace Luncheon- November 4, 2019

Sponsor Agreement Form



WOMEN OF GRACE

I/we affirm my/our intention of sponsorship of:

<input type="radio"/> Title Sponsor*	\$25,000	<input type="radio"/> After Party Sponsor	\$2,000
<input type="radio"/> Platinum Sponsor*	\$15,000	<input type="radio"/> Supporter	\$1,000
<input type="radio"/> Gold Sponsor*	\$10,000	SOLD <input type="radio"/> Honoree Award Sponsor	\$750
<input type="radio"/> Silver Sponsor*	\$5,000	<input type="radio"/> Luncheon Ticket(s) (\$200 each)	\$
<input type="radio"/> Wine & Champagne Sponsor	\$3,000	<input type="radio"/> Table of 10	\$2,000
<input type="radio"/> Bronze Sponsor	\$2,500	<input type="radio"/> Donation	\$
SOLD <input type="radio"/> Valet Sponsor	\$2,500	TOTAL	\$

Please print my name/company in the luncheon program as follows: _____

Authorized Signature

Date:

* Deadline for inclusion in invitation is August 19, 2019.

Please recognize this gift as a: Company Gift Personal Gift Both

Sponsor Information *(Please print. Thank you.)*

Contact Name:					
Contact Title:					
Company Name:					
Street Address:					
City:		State:		Zip:	
Phone:		Cell Phone:			
E-mail:					

Payment Information *(Please print. Thank you.)*

- Check made payable to **Bethesda Hospital Foundation.**
 Please charge my credit card for a total of \$ _____.

Card number *(required)*

Expiration date *(required)*

Name as it appears on card *(please print)*

Security code *(required)*

Billing address for card *(if different than above)*

Authorizing Signature *(required)*

- My company will match my gift. (Please enclose Matching Gift form.)

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