

Superior Health Foundation Annual Gala
September 12, 2015
Sponsorship Agreement



121 N. Front St.
Marquette, MI 49855
906-225-6914 • 906-225-6916 (Fax)
www.superiorhealthfoundation.org

Contact Information

Contact Name	Title
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Organization/Individual Name (as you would like it to appear on printed materials)

Address	City/State	Zip
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E-mail Address	Phone	Fax
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Sponsorship Information

Please accept this as our commitment for support at the following level:

- Gala Champion (8 seats) \$5,000**
- Exclusive Decorations Sponsor (one, 8 seats) \$5,000**
- Exclusive Entertainment Sponsor (one, 8 seats) \$5,000**
- Gala Victor (8 seats) \$2,500**
- Gala Friend (8 seats) \$1,500**

Payment Information

Enclosed is a check in the amount of \$_____ (Made payable to the Superior Health Foundation)

Please bill me during the month of _____ (No later than August)

Please bill \$_____ to my credit card



Card Number_____

Expiration Date_____ Sec Code_____

Signature_____

We are unable to attend but wish to make a charitable gift in the amount of \$_____

Notes

Tickets will not be distributed for event.

A copy of the Superior Health Foundation W-9 is available upon request.

All proceeds will benefit the Superior Health Foundation and a yet to be identified health-centered non-profit partner. Both are tax-exempt organizations under Section 501c3 of the Internal Revenue Code. Your contribution is tax deductible to the limits provided by law.