

Sponsorship Commitment Form

\$10,000 Pillar Sponsor

\$5,000 Founder Sponsor

\$2,500 Independent Sponsor

\$1,000 Empowerment Sponsor

\$500 Opportunity Sponsor

Company Name: _____

Contact Name and Title: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

To receive full benefits of sponsorship, please return completed sponsorship commitment form.

____ **Check** payable to *Bethesda Health Group Foundation* is enclosed

____ **Charge** the following **credit card**:

__ American Express __ Discover __ MasterCard __ Visa

Name on Card: _____

Account Number: _____

Expiration Date: _____ Security Code (CVV): _____

____ **Payment submitted** at www.bethesdahealth.org/giving-to-bethesda/donate-today/

For details on sponsorship benefits, contact:

Pam Dempski, 314-800-1981, or pedempski@bethesdahealth.org

THANK YOU!

Bethesda Health Group Foundation

1630 Des Peres Road, Suite 290, St. Louis, MO 63131

Visit us online at www.BethesdaHealth.org//giving-to-bethesda/hearts-for-our-homes/