

Sponsorship Agreement

To register online, visit mercy.net/harvestgala

SPONSOR NAME *(as you wish it to appear in print)*

CONTACT NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL ADDRESS

I/We will support the Mercy Gala at the sponsorship level below:

- Platinum** **Diamond** **Gold** **Silver** **Cocktail** **Balloon**
\$10,000 \$5,000 \$2,500 \$1,500 \$1,000 \$500

I'm unable to attend. Please accept my donation of \$ _____

- My check is enclosed (payable to Mercy Health Foundation).
 Please charge my: Mastercard Visa Discover AMEX

CARD NUMBER

EXP. DATE

CARDHOLDER'S NAME

BILLING ADDRESS

SIGNATURE

Please note that this form and payment must be submitted by
JULY 31, 2018 for your name to appear in published materials.



FOR ADDITIONAL INFORMATION

Please contact Rachel Covington at 636.239.8882
or Rachel.Covington@mercy.net

PLEASE MAIL OR FAX THIS FORM TO:

Mercy Health Foundation
901 E. Fifth St., Suite 210
Washington, MO 63090
636.239.8010

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