



## PARTNERSHIP COMMITMENT

Contact Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### YES, count on our participation at the following level

- |  |   |
|--|---|
| <input type="checkbox"/> \$25,000 Visionary Sponsor (*\$23,416)  | <input type="checkbox"/> \$1,500 Silent Auction Table Sponsor (*\$1,500)  |
| <input type="checkbox"/> \$15,000 Innovator Sponsor (*\$13,944)  | <input type="checkbox"/> Wall of Support Sign <input type="checkbox"/> Large \$500 (*\$500) <input type="checkbox"/> Small \$250 (*\$250) |
| <input type="checkbox"/> \$10,000 Facilitator Sponsor (*\$9,040) | <input type="checkbox"/> \$150 Advertising Sponsor (*\$150)   |
| <input type="checkbox"/> \$5,000 Dinner Sponsor (*\$4,472)       | <input type="checkbox"/> \$100 Ticket Purchase (*\$34)  |
| <input type="checkbox"/> \$2,500 Sip Sponsor (*\$2,500)          | <input type="checkbox"/> We can not attend, but please accept our<br>100% tax deductible gift of: \$ _____                                |

\*Tax deductibility amount

Deadline for sponsorship: Friday, October 8, 2021

Table Name: \_\_\_\_\_

#### ATTENDEE'S

1. Name: _____	5. Name: _____
Email: _____	Email: _____
2. Name: _____	6. Name: _____
Email: _____	Email: _____
3. Name: _____	7. Name: _____
Email: _____	Email: _____
4. Name: _____	8. Name: _____
Email: _____	Email: _____

Please Return to: Oswego Health Foundation, 110 West 6th St., Oswego, NY 13126  
 foundation@oswegohealth.org • 315-326-3788

Enclosed is my check for \$ \_\_\_\_\_  Bill Me

Please charge my credit card (check one)  MC  Visa  Discover  AMEX

Credit card information will be securely destroyed immediately after processing.

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Name on the Card: \_\_\_\_\_

Please complete and submit the enclosed sponsorship form, guest information and payment along with camera ready artwork (if applicable) by Friday, October 8, 2021. Please submit artwork in either a high resolution jpeg or high res PDF file. Completed forms may be returned via email or mail. Artwork can be submitted directly to Michele Hourigan at mhourigan@oswegohealth.org.