

# HSHS Holy Family Hospital



Friday, February 5 | 7-9pm | Virtual Zoom Event

Night

## SPONSORSHIP FORM

**PRESENTING ROUND SPONSOR \$2,500** (LIMITED AVAILABILITY)

- ▶ One Trivia Team of Eight
- ▶ Round Sponsor Logo Recognition
- ▶ Verbal Company Event Recognition
- ▶ Press Release Listing
- ▶ Event Website Recognition
- ▶ Facebook Spotlight

**GOLD SPONSOR \$1,000**

- ▶ One Trivia Team of Eight
- ▶ Verbal Company Event Recognition
- ▶ Press Release Listing
- ▶ Event website recognition
- ▶ Facebook Spotlight

**SILVER SPONSOR \$500**

- ▶ Four Trivia Tickets
- ▶ Event Company Logo Listing
- ▶ Event Website Recognition
- ▶ Facebook Spotlight

**BRONZE SPONSOR \$250**

- ▶ Two Trivia Tickets
- ▶ Event Company Logo Listing during
- ▶ Event website recognition

Reserve \_\_\_\_ more tickets at \$15 ea. for a total of \$ \_\_\_\_.

We can't attend, but please accept our donation \$ \_\_\_\_.

PLEASE RETURN FORM

NO LATER THAN

1/5/21 TO

EMILY WILSON AT:

HSHS HOLY FAMILY  
FOUNDATION

200 HEALTHCARE DR  
GREENVILLE, IL 62246

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OR BY EMAIL AT:

Emily.Wilson@HSHS.ORG



HSHS  
Holy Family  
Foundation

### PAYMENT INFORMATION

- My payment is enclosed. \_\_\_\_ Check (payable to HSHS Holy Family Foundation) \_\_\_\_ Credit Card
- Please invoice me.

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name as it appears on card

### SPONSORSHIP CONTACT INFORMATION

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail