



2010 SPONSOR INFORMATION FORM

Business/Individual: _____
(Name as it should appear in recognition materials)

Contact Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

SPONSORSHIP OPTIONS

Presenting Sponsor - \$10,000 (includes seating for sixteen)

Gold Sponsor - \$5,000 (includes seating for eight)

Major Sponsor - \$2,500 (includes seating for eight)

Table Sponsor - \$1,000 (includes seating for eight)

Quantity of tables _____ = \$ _____

Individual Seating - \$150 per person

Number of Individuals _____ = \$ _____

Payment Method:

Credit Card: (Visa/MasterCard/Discover/Am Ex)

Card #: _____ Exp: _____

Name on Card: _____

Signature: _____

Check Enclosed: (payable to: Utah Valley Healthcare Foundation)

AUCTION SPONSOR

Auction Sponsor

Donated Item Description: _____

Retail Value: \$ _____

Delivery Instructions:

Will be delivered (Should be received at the Foundation office no later than 2/26/2010)

To be picked up. Specify date available: _____

Comments: _____

Please return forms and donated items to the Utah Valley Healthcare Foundation office:

1055 North 300 West, Suite 304 ♦ Provo, Utah 84604 ♦ 801.357.7600 ♦ dennis.morganson@imail.org