



Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Cell phone: _____ Fax: _____

Sponsorships

- \$10,000 Title Sponsor - \$9,450 tax deductible
- \$7,500 Dinner Sponsor - \$6,950 tax deductible
- \$5,000 Platinum Sponsor - \$4,450 tax deductible
- \$3,000 Gold Sponsor - \$2,670 tax deductible
- \$2,000 Silver Sponsor - \$1,780 tax deductible
- \$500 Distinguished Sponsor - \$390 tax deductible

Sponsor name (as you would like it to appear in the program)

Tickets

Tickets are \$80 each with \$25 tax deductible.

Number of Tickets: _____

Contribution

This gift is 100% tax deductible. Donations will be used for this year's project - comprehensive patient room renovations to improve the caring and healing environment and aid patients in their recovery.

Contribution \$ _____

Payment Information

Check:

- Check enclosed for \$ _____
Please make check payable to Walla Walla General Hospital

Credit card:

- MasterCard
- Visa
- American Express
- Discover

Name as it appears on card _____

Card Number _____

CVV2 (security code) _____ Expiration month/year _____ / _____ Total \$ _____

Signature _____

Mail this form with check or payment information to:

Walla Walla General Hospital Foundation
1025 S Second Ave
PO Box 1398
Walla Walla WA 99362

Please call WWGH Foundation at 509-527-8303 if you have any questions.