



Contact Information

Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Email: _____

Sponsorships

- \$15,000 Title Sponsor – \$14,450 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.

Contribution \$ _____

Payment Information

Card Type

- MasterCard
- Visa
- American Express
- Discover

Card Number _____

CVV2 (security code) _____ Expiration month/year _____ / _____

Total charge \$ _____

Print this form and mail to:

Walla Walla General Hospital Foundation
115 W Main St
Walla Walla WA 99362

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

Comments: _____

