

SAVING LIVES ... A NIGHT FOR HEROES

A gala benefit for Legacy Emanuel Medical Center

2016 SPONSORSHIP CONFIRMATION

Yes, we would like to support *Legacy Emanuel Medical Center* as a:

- | | |
|--|--|
| ☐ \$25,000 Presenting Sponsor | ☒ \$10,000 Gold Reception Sponsor |
| ☒ \$10,000 Gold Bidder Card Sponsor | ☐ \$5,000 Silver Sponsor |
| ☒ \$10,000 Gold Centerpiece Sponsor | ☐ \$2,500 Bronze Sponsor |
| ☐ \$10,000 Gold - Photography Sponsor | |

We are unable to sponsor, but would like to support the event by

- ☐ Purchasing _____ tickets at \$150 each for a total of: \$ _____
- ☐ Making a 100 percent tax-deductible contribution of \$ _____

Please print sponsor's name as you would like it recognized publicly:

Company: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Please return this form in the enclosed envelope by fax to
Kelly Stover at 503-413-6447 or email to kstover@lhs.org.

Sponsorships confirmed by September 2, 2016, will be listed on the invitation and all others confirmed by October 14, 2016, will be listed on the event materials.

Payment information:

- ☐ Check made payable to **Emanuel Medical Center Foundation** will be mailed by _____ (date).

- ☐ Please bill my Visa / MasterCard / American Express / Discover Card (circle one)

Card number: _____ Exp.: _____

Signature _____

- ☐ Please bill me.

Thank you for supporting Emanuel Medical Center Foundation.

Tax ID #93-6095667

P.O. Box 4484 ~ Portland, OR 97208 ~ Phone: 503-413-6465 ~ Fax: 503-413-6447