

# 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:

- |   |  |
|---|--|
| <input type="checkbox"/> \$25,000 Presenting Sponsor                    | <input type="checkbox"/> \$10,000 Gold - Reception Sponsor |
| <input type="checkbox"/> <del>\$10,000 Gold - Bidder Card Sponsor</del> | <input type="checkbox"/> \$5,000 Silver Sponsor            |
| <input type="checkbox"/> <del>\$10,000 Gold - Centerpiece Sponsor</del> | <input type="checkbox"/> \$2,500 Bronze Sponsor            |
| <input type="checkbox"/> \$10,000 Gold - Photography Sponsor            |  |

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

- ☐ Purchasing \_\_\_\_\_ tickets at \$125 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](mailto: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