

**SALMON CREEK CARES  
2014 SPONSORSHIP CONFIRMATION FORM**

Yes, I/we would like to support the Salmon Creek Child Abuse Assessment Team program by sponsoring the luncheon on September 5, 2014, as a:

- \$10,000 Presenting Sponsor
- \$2,500 Friendship Sponsor
- \$5,000 Lead Sponsor
- \$1,000 Patron Sponsor

We are unable to sponsor the luncheon, but would like to support the event and program by:

- Making a tax-deductible contribution of \$\_\_\_\_\_.

Please print your name, as you would like it recognized in the event materials:

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Sponsorships confirmed by June 16 will be included in the invitation.**  
*Please return this form in the enclosed envelope or fax it to Shirley Gross at (360)487-3459.*

**Payment Information:**

Check made payable to **Salmon Creek Hospital Foundation** will be mailed by \_\_\_\_\_ (date).

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

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature \_\_\_\_\_

Please bill me