



**The Woman's Board of RUSH University Medical Center
2025 Sponsorship Confirmation Form**

Name/Corporation

Please list name exactly as you'd like it to appear for recognition.

Contact Name

Address

City

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The Woman's Board greatly appreciates your sponsorship:

- 2025 Platinum Sponsor (\$50,000)
- 2025 Gold Sponsor (\$25,000)
- 2025 Silver Sponsor (\$10,000)

We/I would like to attend (please check if you are planning to attend):

- 2025 Spring Luncheon (May 12, 2025)

Payment Options:

Check Enclosed *(Please make the check payable to The Woman's Board of RUSH University Medical Center)*

Card Type: Visa Mastercard Discover American Express

Card Number

Expiration

Code

Name on Card

Billing Zip

Signature

Mail this completed form and payment to: **The Woman's Board of Rush University Medical Center P.O. Box 7077 Carol Stream, IL 60197-7077**