



**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

State

Zip

Phone

Email

The Woman's Board greatly appreciates your sponsorship:

- ☐ 2025 Platinum Sponsor (\$50,000)
- ☐ 2025 Gold Sponsor (\$25,000)
- ☐ 2025 Silver Sponsor (\$10,000)
- ☐ 2025 Bronze Sponsor (\$5,000)

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

- ☐ 2025 Fall Benefit (September 19, 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**