



**The Woman's Board of Rush University Medical Center  
2026 Sponsorship Confirmation Form**

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**Name/Corporation**

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

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Contact Name

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Address

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City

State

Zip

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Phone

Email

**The Woman's Board greatly appreciates your sponsorship (check one):**

- 2026 Platinum Sponsor (\$50,000)
- 2026 Gold Sponsor (\$25,000)
- 2025 Silver Sponsor (\$15,000)
- 2026 Bronze Sponsor (\$10,000)
- 2026 Ambassador Sponsor (\$5,000)
- OTHER \_\_\_\_\_

**We/I would like to attend (please check if you are planning to attend and use the tickets given with your tier):**

- 2026 Spring Luncheon (May 11, 2026)

**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

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Card Number

Expiration

Code

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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**