



**The Woman's Board of Rush University Medical Center
2026 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 (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)
- 2026 Fall Benefit (September 18, 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

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**