



**The Woman's Board of Rush University Medical Center
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*):

- ☐ Platinum Sponsor (\$50,000)
- ☐ Gold Sponsor (\$25,000)
- ☐ Silver Sponsor (\$15,000)
- ☐ Bronze Sponsor (\$10,000)
- ☐ 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*):

- ☐ YES, We/I would like to attend the Spring Luncheon
- ☐ YES, We/I would like to attend the Fall Benefit

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

Exp Date

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**