

2024 NICU TEA LUNCHEON SPONSORSHIP COMMITMENT FORM

HONORHEALTH[®]

Foundation

Company/Donor Name

Main Contact Name

Mailing Address

City

State

Zip

Business Phone

Email

I wish to support the NICU High Tea at the level indicated below:

SPONSORSHIP OPPORTUNITIES

Supernova | \$50,000

Galaxy | \$25,000

Constellation | \$15,000

Lunar | \$10,000

Comet | \$6,000

Shining Star | \$3,000

Individual Ticket | \$250

Under 10 | \$150

I/we are unable to attend. Please accept this donation in the amount of \$

UNDERWRITING OPPORTUNITIES

Printing | \$5,000

Decorations | \$5,000

Auction Paddles | \$5,000

Marketing | \$3,000

Favors | \$3,000

Sponsor a NICU Nurses Table | \$3,000

PAYMENT OPTIONS

Credit Card payments and register online at www.HonorHealthFoundation.org/niculunch

Please invoice me

Wire Transfer (ACH) (please ask for transmittal instructions)

Check Enclosed (Payable to HonorHealth Foundation - Attention: NICU Tea Luncheon)

Mail to: HonorHealth Foundation, 8125 N. Hayden Road, Scottsdale, AZ 85258

By signing below, you authorize the payment or charge(s) and agree to fulfill the terms of this HonorHealth Foundation sponsorship commitment

Signature

Date