



2018 Corporate Sponsorship Pledge Form

We are pleased to sponsor the 2018 *Inspiring Journeys* Gala at the following level:

- \$25,000** Platinum Sponsor
- \$10,000** Gold Sponsor
- \$5,000** Silver Sponsor
- \$2,500** Bronze Sponsor
- \$1,000** Supporting Sponsor (seats not included)
- We are unable to attend the event and will not use our table(s)/seats.
- We would like to make a tax deductible Fund-A-Need donation in the amount of \$_____.

Method of Payment (check one):

- Enclosed is our check for \$ _____, payable to Boyer Children's Clinic.
(Please note "2018 *Inspiring Journeys* Gala" in the check memo.)
- Please charge \$ _____ to my VISA MC AMEX.
Card #: _____ Exp. Date: _____ CVC Code: _____
Cardholder Name: _____
- Please send an invoice on the following month: _____

Company Name (as you would like it listed in print materials*)

Contact Name

Phone

Email

Address

City, State

Zip

Signature

Date

Please return this form to:

Boyer Children's Clinic
1850 Boyer Ave. E., Seattle, WA 98112

Fax (206) 323-1385
Phone (206) 325-8477