

Sponsorship & Donation Form

Return form to:

Frederick Memorial Hospital Attn: Marketing/ Heidi Winkler 400 W. 7th Street Frederick, MD 21701 hwinkler@fmh.org

phone: 240.566.4483 - fax: 240.578-2579

Yes, I would like to sponsor the Pink	k Ribbon Fit Fest- Da	nce Party for a	Purpose (please	circle)
Platinum - \$2,500 Survivor -\$1 *Silver/Table Sponsor, what products/service *Basket Sponsor- Theme:	,000 W&C- \$500 ces will you be promoti			*Basket
Yes, I would like to support the Pink	Ribbon Fit Fest- Dar	nce Party for a	Purpose	
☐ Purchasing # of event tick	kets for staff @ \$20 ea	ch		
□ Purchasing # of raffle tickets @ \$1 each				
☐ Making a donation of \$ in support of the Hurwitz Breast Cancer Fund				
Yes, I would like to make an in-kind décor, give-a-ways, etc. (Exs donation of services Description of in-kind donation:	s/ products , gift cards/ baskets t	or raffle, pre-package	d food items/bottled wa	
Estimated value: \$				
Instructions for delivery of donated ite	em(s):			
Contact Information:			D 1	
Company Name:				
Contact Name & Title:		Phone	9:	
Street Address:				
City:	 State:	Zip:		
Email:				
Payment Information:				
☐ Check (Payable to FMH Hurwitz Breast	Cancer Fund)			
☐ Charge \$ to my credit card - N	MasterCard, Visa, Disc	over, American	Express (please	e circle one)
Account Number:		E	expiration Date:	
Name on Card:		Se	curity Code:	
Signature of Cardholde:				