

2022 Walk Sponsorship Commitment Form

Please submit this form and payment to: Stamford Hospital Foundation, 3001 Summer Street, 2nd Floor, Stamford, CT 06905-4321. For more information, call 203.276.5944 or email galswanger@stamhealth.org, or call 203.276.2554 or email kpollak@stamhealth.org.

Sponsorship Levels

Founding & Presenting Sponsor **\$35,000** Gold Sponsor **\$10,000** Tribute Wall Sponsor **\$7,500** Silver Sponsor **\$5,000**
 Activity Station Sponsor **\$3,500** Bronze Sponsor **\$3,000** Community Sponsor **\$2,500** Supporter **\$1,000**

Sponsor Information:

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Acknowledgment should be sent to: _____

Please email company logo in EPS format to kpollak@stamhealth.org.

All sponsorship logos and applications must be received on or before **Friday, April 1, 2022.**

Payment:

Sponsorship level: Check enclosed in the amount of: _____

Process credit card payment of: _____ MasterCard Visa AMEX

Card number: _____ Expiration Date: _____ CVV: _____

Name on card: _____

Signature: _____



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