

Sponsorship Pledge Form



NAME

COMPANY

EMAIL

PHONE

ADDRESS

CITY/STATE/ZIP

My company /organization would like to sponsor the following opportunities:

2020 APPRECIATION GALA

- Presenting Sponsor – \$50,000
- Entertainment Sponsor – \$35,000
- Reception Sponsor – \$25,000
- Dinner Table Sponsor – \$15,000
- Pre-Reception Program Sponsor – \$10,000
- Program Sponsor – \$6,000
- Community Sponsor – \$3,000
- Event Sponsor – \$1,500

2019 CHEERS 4 CHILDREN

- Presenting Sponsor – \$7,500
- Supporting Sponsor – \$5,000
- Food & Beverage Sponsor – \$2,000
- Tree Sponsor – \$750
- Wine Pull Sponsor – \$500
- Ornament Sponsor – \$250

2019 WAKEMED GIVES EMPLOYEE GIVING CAMPAIGN

- I'm interested in learning more about WakeMed Gives sponsorship opportunities.

2020 KICK IT 4 KIDS

- Presenting Sponsor – \$7,500
- Supporting Sponsor – \$2,500
- Field Sponsor – \$1,500
- Water Sponsor – \$500
- Snack Sponsor – \$500

2020 EDUCATION LUNCHEON

- Presenting Sponsor – \$5,000
- Supporting Sponsor – \$1,500
- Table Sponsor – \$500

2019 LOVE LIGHT & TRIM THE TREE WITH TWINKLE

- Presenting Sponsor – \$5,000
- Santa's Sponsor – \$2,500
- Twinkle Sponsor – \$2,000
- Kid's Art & Crafts Table Sponsor – \$500
- Refreshment Sponsor – \$500

SEE REVERSE

Your sponsorship

TOTAL GIFT AMOUNT: \$ _____

SIGNATURE _____

DATE _____

My company /organization would like to be recognized as:

Name of volunteer who solicited my gift:

Payment information

- Check enclosed (payable to WakeMed Foundation)
- Credit card (pay online at www.wakemedfoundation.org)
- Send me an invoice

Return this agreement

Send by email to:

Foundation@wakemed.org

Or by mail:

WakeMed Foundation

3000 New Bern Avenue, Raleigh, NC 27610

WakeMed 
Foundation

wakemedfoundation.org