



An event to support The Fund for Excellence in Women's Health & Medicine

SPONSORSHIP COMMITMENT FORM

Company Name (Please list as you would like it to appear on published materials)

Contact Name

Title

Address

City, State, Zip

Phone

Fax

Email

Yes, I/we will gladly sponsor BRANANZA as follows:

- | | |
|---|-----------|
| <input type="checkbox"/> Maximum Coverage Sponsor | \$10,000+ |
| <input type="checkbox"/> Full Support Sponsor | \$7,500 |
| <input type="checkbox"/> Strapless Sponsor | \$5,000 |
| <input type="checkbox"/> Plunge Sponsor | \$2,500 |
| <input type="checkbox"/> Push Up Sponsor | \$1,500 |

We are unable to sponsor BRANANZA, but would like to support Mercy Medical Center with a contribution of: \$ _____.

Enclosed is my check payable to Mercy Health Foundation.

Please charge \$ _____ to my credit card.

Cardholder

Signature

Credit Card Number

Expiration Date

CVV

Please email a vector EPS file and a 300 dpi jpg file of your logo to carmel@mdmercy.com.

For more information, please contact Carmel Gambacorta at 410-332-9608 or carmel@mdmercy.com

For your records, the Mercy Medical Center Tax ID # is 52-0591658.

Please fax this form to 410-659-1194 or mail with payment to:

Carmel Gambacorta
Mercy Health Foundation
301 St. Paul Place
Baltimore, Maryland 21202-2102

Mercy welcomes charitable contributions to advance its mission to health care, benefit the community, and/or demonstrate good corporate citizenship. Contributions are not to be linked, implicitly or explicitly to any expectation or agreement that Mercy Medical Center will use, order, recommend, or make a referral for any product or service and may not result in a personal benefit to any individual, corporation, foundation or organization.