MEDINA HOSPITAL'S 35 <sup>th</sup> Anniversary	<b>J</b>	MEDINA HOSPITAL FOUNDATION 1000 E. Washington Street, Medina, OH 44256 Phone: 330.721.5941 • Fax: 330.721.5110 kern@ccf.org			
BAASHA BENEFITTING • A • SUPERIOR • HOSPITAL SPONSOR (Company or Individual Name)		Event Date: October 21, 2017   Location: Weymouth Country Club   Commitment Due Date: September 15, 2017   (We will gladly invoice your commitment later in 2017)			
Address					
Phone Number Fax Number					
Email Address Contact Person					
SPONSORSHIP OPTIONS: (Sponsor questions, contact: Randy Fuerst, Executive Director: 330.721.5940 or fuerstr@ccf.org.)					
SPONSORSHIP OPTIONS:	(Sponsor questions, contact: Randy Fuerst, Ex	xecutive Director: 330.721.594	0 or <u>fuerstr@ccf.org</u> .)		
SPONSORSHIP OPTIONS:	(Sponsor questions, contact: Randy Fuerst, Es \$5,000 (full page program ad, websit				
		e, sponsor display, table oj	<sup>£</sup> 8, \$4,200 tax-deductible) <b>米</b>		
Signature Sponsor	\$5,000 (full page program ad, websit	e, sponsor display, table oj te, table recognition, table	f 8, \$4,200 tax-deductible) <b>*</b> of 8, \$1,700 tax-deductible) <b>*</b>		
<ul><li>Signature Sponsor</li><li>Table Sponsor</li></ul>	\$5,000 (full page program ad, websit \$2,500 (3/4 page program ad, websit	e, sponsor display, table oj te, table recognition, table ite, sponsor display, 4 gues	f 8, \$4,200 tax-deductible) <b>*</b> of 8, \$1,700 tax-deductible) <b>*</b> its, \$1,600 tax-deductible) <b>*</b>		

\* Please send your ad and company logo to <u>kern@ccf.org</u> by September 15, 2017. Logo should be high resolution, optimized for online viewing, at least 300 pixels. (Sponsoring <u>individuals</u> will be recognized in a business card format on our website and program ).

Thank you for your generous support of Pediatric and Cardiac services!

Check Enclosed						
Please Invoice: I prefer	to be invoiced in	JulyAug	_SepOct 2017	7		
Please charge my: Visa / MC / Discover / AMEX						
For payment by credit card: Account #						
Expiration Date:	Security Code	(Usually app	pears on back of card	– on front on AMEX)		
Name as it appears on card:						
Authorized Signature:						
FOR OFFICE USE ONLY:	Database	Ack. Card		Rec'd		

We recommend you retain a copy of this form for your records.