

2018 PINK BOW GALA SPONSORSHIP FORM

MY INFORMATION

Contact Name _____
Billing Address _____
City _____ State ____ Zip _____
Email _____
Phone _____

Please recognize us in print* as:

Please do not acknowledge this donation publicly



MADELYN'S FUND
C/O NOVANT HEALTH FOUNDATION
PO BOX 33549
CHARLOTTE, NC 28233

FOUNDERS:
RACHEL AND ANDY LEE
RACHEL@MADELYNSFUND.ORG
ANDY@MADELYNSFUND.ORG

FOUNDATION CONTACT:
PENNY HAWKINS
PHHAWKINS@NOVANTHEALTH.ORG
(704) 384-9840

WWW.MADELYNSFUND.ORG

MY IMPACT

I am honored to support Madelyn's Fund as a Sponsor of the 2018 Pink Bow Gala!

- \$8,000 Madelyn Sponsor** (please submit a high resolution logo in PDF format)
- \$4,000 Imprint Sponsor** (please submit a high resolution logo in PDF format)
- \$2,000 Footprint Sponsor**
- \$1,000 Friend Sponsor**

MY DONATION

- I am **ENCLOSING** a check made to Novant Health Foundation with Madelyn's Fund in the memo line.
Check # _____ Check \$ _____
- I am **PAYING** my donation online now at madelynsfund.org/sponsorships
- I am **PLEDGING** my donation. Please send me an invoice in _____ (month), 20__ .
- My employer matches donations. Employer Name _____

MY AUTHORIZATION

Thank you for your generosity. Your donation is tax deductible as allowed by current tax laws. By signing below, I/we are committing to the above donation/pledge to Madelyn's Fund.

X _____ Date _____
Type your name for signature

*To ensure print recognition, please return completed form, payment, and logo (if applicable) to the address above prior to March 1, 2018