

OVERLAKE MEDICAL CENTER
BANDAGE BALL


PRESENTED BY KEYBANK

2019 Commitment Form

Sponsorship Levels

- PREMIER \$25,000
- DIAMOND \$15,000
- GOLD \$10,000
- SILVER \$5,000
- BRONZE \$3,000
- We are unable to participate as a sponsor, but would like to make a contribution in the amount of \$_____

Sponsor Information

COMPANY NAME _____
(as you would like it to appear in event materials)

CONTACT NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

Payment Method

- Please send an invoice
- Enclosed is a check made payable to Overlake Medical Center Foundation
- Please charge the following credit card

CARD NUMBER _____

EXP. DATE _____ NAME ON CARD _____

SIGNATURE _____

Please return your completed sponsorship form to

Overlake Medical Center Bandage Ball | 1035 116th Ave NE | Bellevue, WA 98004
e: events@overlakehospital.org p: 425.688.5526 f: 425.688.5642

www.bandageball.org