



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

EVENT CONTACT NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

CREDIT CARD NUMBER

EXP. DATE

NAME ON CARD

SIGNATURE

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:

\$

PAYMENT METHOD

- ☐ Invoice us, please.
- ☐ Check enclosed, payable to Overlake Medical Center Foundation.
- ☐ Credit card (see left).

Please return your completed sponsorship form to:

OVERLAKE | FOUNDATION

OVERLAKE MEDICAL CENTER & CLINICS
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Bellevue, Washington 98004

P: 425.688.5526

F: 425.688.5642

E: events@overlakehospital.org

bandageball.org

THANK
You