

2020 Corporate Partner Information

Name: _____
(print or type) (signature)

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

I would like to join Pardee Hospital Foundation as a:

- DIAMOND CORPORATE PARTNER - \$15,000
- PLATINUM CORPORATE PARTNER - \$10,000
- GOLD CORPORATE PARTNER - \$7,500
- SILVER CORPORATE PARTNER - \$5,000
- BRONZE CORPORATE PARTNER - \$2,500
- COMMUNITY PARTNER - \$1,000

I am interested in supporting one of the following this year:

- ___ Cardiac Care
- ___ Mobile Mammography
- ___ Cancer Center
- ___ Unrestricted gift for patient needs

- My total pledge is \$ _____
 - \$ _____ to be paid by January 15, 2020
 - \$ _____ to be paid by April 15, 2020

I am enclosing my check for \$ _____ made payable to Pardee Hospital Foundation.

Please charge \$ _____ to my MasterCard, Visa, Discover Card or American Express.

Credit card # _____ Exp. Date: _____ CVC _____

Signature _____ Date _____

Please recognize _____ as the partner(s) in publicity.

Please send to:

Pardee Hospital Foundation
561 Fleming Street
Hendersonville, NC 28739
Email: pardeefoundation@unchealth.unc.edu
Fax: 828-233-2720

For more information, contact:

Phone: 828-233-2700 Kimerly Hinkelman
Email: Kimerly.Hinkelman@unchealth.unc.edu