

# 2021 Walk & Run Sponsorship Commitment Form

Please submit this form and payment to: Stamford Hospital Foundation, 1351 Washington Blvd., Suite 202, Stamford, CT 06902.  
For more information, call 203.276.5944 or email [galswanger@stamhealth.org](mailto:galswanger@stamhealth.org), or call 203.276.2554 or email [kpollak@stamhealth.org](mailto:kpollak@stamhealth.org).

## Sponsorship Levels

- Founding & Presenting Sponsor **\$35,000**     Gold Sponsor **\$10,000**     Tribute Wall Sponsor **\$6,000**  
 Silver Sponsor **\$5,000**     Bronze Sponsor **\$3,000**     Community Sponsor **\$2,500**     Supporter **\$1,000**

## Sponsor Information:

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Acknowledgment should be sent to: \_\_\_\_\_

***Please email company logo in EPS format to [kpollak@stamhealth.org](mailto:kpollak@stamhealth.org).***  
***All sponsorship logos and applications must be received on or before **Sunday, March 1, 2021**.***

## Payment:

Sponsorship level: Check enclosed in the amount of: \_\_\_\_\_

Process credit card payment of: \_\_\_\_\_  MasterCard     Visa     AMEX

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_