

# 2025 Walk Sponsorship Commitment Form

Please submit this form and payment to: Stamford Hospital Foundation, 3001 Summer Street, 2nd Floor, Stamford, CT 06905-4321. 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**

Bronze Sponsor **\$3,000**

Platinum Sponsor **\$15,000**

Silver Sponsor **\$5,000**

Supporter **\$1,500**

Activity Station Sponsor **\$3,500 (Two available)**

## 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 **Friday, April 4, 2025.*****

## Payment:

Checks are payable to Stamford Hospital

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: \_\_\_\_\_



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