



**SURVIVORS, THRIVERS & DRIVERS**  
**Sponsorship Form**

Saturday, November 2, 2019  
St. Tammany Cancer Center Parking Lot

Yes, I wish to support St. Tammany Cancer Center through my donation to St. Tammany Hospital Foundation.

\_\_\_\_\_ **Cash Donation**     Check is enclosed     Please charge my card

\_\_\_\_\_ **\$2,500 Event Title Sponsor** (Logo\* recognition as title sponsor on all event materials and awards, dedicated recognition on social media posts and media spots, reserved seating, one car show judge position, eight food & beverage bands, eight complimentary shirts)

\_\_\_\_\_ **\$750 Event Area Sponsor** (Logo\* recognition in event area of choosing, recognition on social media, reserved seating, four food & beverage bands)

\_\_\_\_\_ **\$50 Individual Vehicle Award Sponsor** (Logo\* recognition on award and on sponsor board)

\*Logo in PDF, JPG or ai file format needed; email to lchopin@stph.org

\_\_\_\_\_ **\$100**    \_\_\_\_\_ **\$250**    \_\_\_\_\_ **\$500**    \_\_\_\_\_ **Other:** \$ \_\_\_\_\_

\_\_\_\_\_ **In-Kind Donation:**

\_\_\_\_\_ **Food or Beverage** (Lunch/Snacks, Bottled Water, Soft Drinks, Coffee, Baked Goods for Cake Walk)

\_\_\_\_\_ **Children's Entertainment or Activity** (Face Painting, Inflatables, Kids Characters)

\_\_\_\_\_ **Silent Auction Item(s)** (Minimum Value of \$25)

\_\_\_\_\_ **Other Item(s)** (Giveaways, production items, media, print etc.)

Item \_\_\_\_\_ Value: \_\_\_\_\_

*Benefits include recognition in area of donation. All donors of \$100 or more will be listed on the event sponsor board. All donors of \$500 or more will additionally be recognized on event banner advertising the event.*

Company / Sponsor Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

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

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ CSV \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete form in its entirety and return to:  
STH Foundation, 1202 South Tyler, Covington, Louisiana 70433  
or fax to (985) 871-5744.

**THANK YOU FOR YOUR SUPPORT!**

*St. Tammany Hospital Foundation is a 501(c)(3) non-profit organization. Your gift is tax deductible to the full extent of the law. Tax ID #37-1458857.*