



Sponsor and Patron Form

As an expression of support for St. Tammany Hospital Foundation, please accept my commitment to this event at the following level:

_____ **LUXE Sponsor - \$5,000**

_____ **GLAM Patron - \$2,500**

_____ I prefer to make a charitable contribution to benefit St. Tammany Hospital Foundation in the amount of: \$500 _____ \$250 _____ \$100 _____ Other \$ _____

Payment Method:

Please make checks payable to: *St. Tammany Hospital Foundation* and mail to:

St. Tammany Hospital Foundation, 1202 South Tyler, Covington, LA 70433

OR

Charge \$ _____ to my: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card # _____ Expiration Date _____

Security Code _____ Name on Card _____

Signature _____ Today's Date _____

Sponsor Information:

_____ Check here if you prefer your gift to remain anonymous.

Name of Sponsor _____
*Please print name of individual or business **EXACTLY** how you want it to appear on printed materials.*

Contact Person _____

Phone _____ E-mail _____

Address _____

City, State, Zip _____

**For additional information, contact Charley Strickland 985-898-4141 or cstrickland@stph.org
Fax: 985-871-5744 • www.sthfoundation.org/HOF**