

PRESENTED BY

CapitalOne

Monster Mash



St. Tammany

PARISH HOSPITAL

PARENTING CENTER

Sponsorship Pledge Form

As an expression of support for The Parenting Center, please accept this sponsorship agreement at the following level:

- | | | | |
|------------------------------------|----------------------|-----------------------------------|--------------------|
| _____ Super Skeleton | \$ 5,000 | _____ Monster Media | \$ 1,500 (in-kind) |
| _____ Friendly Ghost | \$ 2,500 | _____ Scarecrow Volunteer Sponsor | |
| _____ Trick or Treat Bag | \$ 2,500 (limit one) | _____ Community Village Vendor | \$ 175 |
| _____ Trick or Treat Village House | \$ 300 | | |

_____ I prefer to make a charitable contribution to benefit The Parenting Center in the amount of:

**Gifts of \$250 and above will receive 4 Monster Mash tickets.*

\$1,000 _____ \$500 _____ \$250 _____ \$100 _____ Other \$ _____

_____ I would like to make an IN-KIND donation for auction or general use: Value - \$ _____

Item: _____

Payment Method:

Please make checks payable to: *St. Tammany Hospital Foundation – Parenting Center Fund* and mail to:
St. Tammany Hospital Foundation, 1202 South Tyler, Covington, LA 70433

OR

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

Card # _____ Security Code _____ Expiration Date _____

Name on Card _____ Today's Date _____

Sponsor Information:

_____ Please 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 _____

_____ Signature (if using a credit card for payment) _____ E-mail _____

_____ Address _____

_____ City, State Zip _____

For additional information, contact Nicole Suhre at (985) 898-4171 or nsuhre@stph.org. Fax form to 985-871-5744.